MARGIN RESERVED FOR BINDI

	-CERTIFICATE OF DEATH 04829
1. PLACE OF DEATH	23 4 28
County Baltimore	Registration Dist. No.
Village or CityEUDOWOOD SANATORIUM, TOWSON,	MUND. / St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emory alised	
(a) Residence: No. // 3 7. n. Juliton au (Usual place of abode)	E St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE Married, widowed, or divorced 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) See If, married, widowed, or divorced	21. DATE OF DEATH Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I ettended decaased from
0 2111022	Jelruary 7,1933, 10 may 13 1933
6. DATE OF BIRTH (month, day, and year) June 24, 1932 7. AGE Years Months Days A If LESS than	I last saw h. Lett alive on
101/2 1 dayhrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade profession or particular	were as follows: Date of one et
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc.	Julm. Jute culisis nov 19
10. Data dacaasad last worked at this occupation (month and yaar) yaar) this occupation (month and occupation occupation	
2.01 1	Dther Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	Telacoulares menustro monde
13. NAME Robert alisia	19
14. BIRTHPLACE (city or town) Bultemire, ml. (Stata or country)	Name of operation
15. MAIDEN NAME Vera Coath	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Bulfamure, md. (Stata or country)	Accident, suicide, or homicide?
Hospital Records Personal History 17. INFORMANT (Add FISTOW) SANATORIUM. TOWSON, MD,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Though thous Date May 14, 1933	Menner of injury
19. UNDERTAKER Richard F Gurley (Addrass) 700 & Worth Ove	24. Was disease or Injury In any wey related to occupation of decaasad?
20. FILED May 13, 19 8.2. The P. Gulfre	(Signed) M. D. (Address) Eudowood San. Movison, Md.
All Self	(2. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	84	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Quint	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jy 45,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The second second	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitiol nephritis Cerebral hemorrhage	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
000			
Other contributory causes of importance:		Other contributory causes of importance:	3
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH ORD. Every item of infor-OCCUPA-1. PLACE OF DEATH should Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS mos. / 5 ds. How long in U.S. if of foreign birth?_____yrs.____yrs.____ Length of residence in city or town where death occurred. statement Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly If LESS than to have occurred on the dete stated above, et 7. AGE Months **Oavs** The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo RESERVED 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... may back on 10. Date deceased lest worked at 11. Total time (years)
spent in this this occupation (month and that occupation _____ instructions MARGIN 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? Was there an autopsy?. carefully MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_____ DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE _Oate_ mation TION 24. Wes disease or injury in any way releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar.

needed, addrey State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	3 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	EAU-V.	July 5,1927	Peritonitis	3 days ago
	8 41			
Other contributory causes of impor	tance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Registration Dist. No. County item (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?_____yrs.____mos.___ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. VORCED (refine th (Month) (Year) ssified. merried, widowed divorced HUSBAND of EBY That I attended deceased from certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than f day.____hrs. or____min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, Jo OCCUPATION SAWYER, BOOKKEEPER, etc ... Industry or business in which may back pluods work was done, es SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation __ instructions (State or count FATHER See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? Was there an autopsy?____ carefully d OTHER 15. MAIDEN NAME 23. If death wes due to external causes (VIDLENCE) fill in also the following: in Accident, suicide, or homicide? _____ Date of Injury____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT should (Address) OF 18. BURIAL, CREMATION, DR REMOVAL Manner of Injury CAUSE ation Nature of injury. LION 24. Was disease or related to occupation of deceased? (Address) If so, specify (Signed) Seate Registrat, 2411 N. Charles Street, Vallimore, Hequesting U. S. No.

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I BURRAU V. B			
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Chronic interstitial nephritis	1921	Run over by street car	S A UVERIA	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	THE PARTY OF THE P	3 days ago
			1	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

PLACE OF DEATH	
County Dallunce	
Village or City Catonwill (No. Mrs	1
Village or City Consult (No.	
2FULL NAME Wary Blonne	1
2FULL NAME // ory / Ilnne	_
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single	1
Lemale Catalog OR DIVORCED	
(Write the word)	
6 DATE OF BIRTH	
391, 21, 1903	
(Month) (Day) (Year)	t
If LESS than I dayhrs	
yrs. 7 mos. 12 ds. or min.	T
8 OCCUPATION	401
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	
9 BIRTHPLACE	
(State or country) 30 Temore Md.	
10 NAME OF	
FATHER Inknow	(5
II BIRTHPLACE OF FATHER	1
(State or country) Country Coun	/
12 MAIDEN NAME OF MOTHER	-
a ma filannero	18
OF MOTHER OF MOTHER	A
(State of Country) Jalumor ///oc	N V
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if
(Informant) da Vennett	Fe
Tu III	15
(Address) / 4 Winters are	,
15 15 15 16 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2
Filed 1923 Registral	X
If more bianks are needed, sales Lat Registra	5, 1

STATE OF MARYLA CERTIFICATE OF DEATH

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or Institu-tion, give its NAME in-stead of street andWard)

number.)

6 DATE OF DEATH HEREBY CERTIFY, That Lattended the decessed nd that death occurred on the date stated above, at he CAUSE OF DEATH * was es follows:(Duration) Contributory Secondary M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) place In the State yrs. death mos... here was disease contracted. not at place of dea.h?.. rmer or ual residence

W. Saratoga St., Balto., Requesting N. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fiver (the only definite synonym is "Epidemic cerebro-"spinal meningitis"); Diphtheria. (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERFERAL septicaemia," "PUERFERAL peritonitis," etc. stated unless important. tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; American Medical Association.) approved by carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of " "Weakness," etc., when a definite disease "Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Committee on for malignant neoplasms); Measles; Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH should Registration Dist. No. item of County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?_____yrs.____mos.__ PHYSICIANS Length of residence in city or town where death occurred. statement Ward. RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) Molow (Month) 5a. If married, widowed, or divorced HUSBAND of C ERTIFY. That I attended deceased from (or) WIFE of PERM 回 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Yaars Months 2 The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... THIS OCCUPATION of back 9. Industry or business in which plnods may work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) on this occupation (month and spant in this occupation _____ year) _____ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town (Stata or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) Was there an eutopsy?___ What test confirmed diegnosis?. carefully OTHER 15. MAIDEN NAME 23. If death was due to axternal causas (VIOLENCE) fill in also the following: importan Accident, suicide, or homicide?______ Date of injury_______ 19_ 16. BIRTHPLACE (city or town) OF DEATH (State or country) Where did injury occur?____ pe (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE Nature of Injury mation NOIL 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Address) (Signed) (Address) _. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

BIND

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- Indiana	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

IS A PERMANENT RECORD. Every item of infor-stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS AGE should be mation should be carefully supplied. B.—WRITE

FOR BINDI

MARGIN RESERVED

V. S. No. N. B.

		DIAIL OF MARILAND	CERTIFICATE OF DEATH 14835
		I. PLACE OF DEATH	(82:01)
3		County O Callenge	Registration Dist. No.
5		Village or City Upperco	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	/	/ // -	osds. How long in U.S. if of foreign birth?yrsmosds.
	2	2. FULL NAME Ruth a. Benso	
/		(a) Residence: No.	St., Ward.
	ACCION	(Usual place of abode)	If nonresident give city or town and State
/		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
i		SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH
;	_	temale white willow	(Month) (Day) (Year)
	Ja.	If married, widowed, or divorced HUSBAND'O' (or) WIFE of	22. A HEREBY CERTIFY, That I attended deceased from
8		(b) mie of person security	- Mch. 15 19.33, to May 19, 19133
te.	6.	DATE OF BIRTH (month, day, and year) // 00 21-1847	I last saw h. Est. alive on May 19, 19, 33; death is said
certificate	7.	AGE Years Months Days If LESS than	to have occurred on the date stated above, at LOm.
T.		85- 5- 28 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were us follows:
	NO	8. Trade, profession, or particular kind of work done, as SPtNNER,	Lustino Mcco 3/15/23
k of		SAWYER, BOOKKEEPER, etc.	
back	OCCUPAT	work was done, as SILK MILL, SAW MILL, BANK, etc.	
on	00	10. Date deceased tast worked at this occupation (month and spent in this	
ns	_	year) occupation	Other Contributery Causes of importance:
instructions	12.	BIRTHPLACE (city or town)	Orietral Harmorhage 1/9/33
tru		(State or country)	
ins	HER	13. NAME Levrge Willesurs	V
See	FATHER	14. BIRTHPLACE (city or town)	Name of operation Date of
-	-	(State or country)	What test confirmed diagnosis? Was there an autopsy?
important	MOTHER	15. MAIDEN NAME (achel umacca)	23. If death was due to externat causes (VIOL ENCE) fill in also the following:
ort	MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
mp	_	(State or country)	Where did Injury occur? (Specify city or town, county and State)
	17.	(Address) While and The	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
very	18.	BURIAL, CREMATION, OR REMOVAL	Menner of injury
is is		Place Mr Brow Oate May 27, 1913	Nature of injury
LION	10	MARTINE & dul & Wilston	24. Was disease or injury In any way related to occupation of deceased?
H	19.	(Address) Lawking Miles	If so, specify
	20	FILED May 21 1933 Co & Frowth M. W	(Signed) Edgraf M. (Dush M.D.
	20.	FILEO PRILITA SI 1950 1 (0 10. V JOHN W M. Y.	(Address) Massepolend Md
		If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
gny 3-1933	No.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones SUREAU V.	May 1,1923	Gastroenteritis	1 year
			40

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RECEIVED Every item of infor-X. HYSTGIANS should state Exact statement of OCCUPA-A PERMAN FOR SERVED plnods mation should be Carefu CAUSE OF DEATH in P

HEALTH DEPARTMENT—CTTY OF BALTIMORE COUNTY.

CERTIFICATE OF DEATH.

COUNTY OF BA				onsville. ward)	(If death occurred in a hospital or institution, give its NAME instead of street and
(a) RESID	ENCE No60 Usual place of abode) se in city or town where death	O Colerai	ne Rd.Cat	onsvible. WARD	esident give city or town and State)
PERS	ONAL AND STATIS	TICAL PARTIC	ULARS	MEDICAL CERTI	FICATE OF DEATH
3 SEX Female	4 COLOR OR RACE White		i, (write the word)	16 DATE OF DEATH (month, day	FY, That I attended deceased from
5a if markel Xv MXXXX NI or) WIFE	idowed, of Nik when B & K X of	William B	Berlau.	Opril 25th, 1933	to May 14th 1988
6 DATE OF BI	RTH (month, day, and	yeshanuary	23, 1971		te stated above, a5. 45 b. m. m.
7 AGE	Years Months	Days 21	If LESS than 1 day,hrs. ormin.	The CAUSE OF DEATH* was a Biliary Cale	s follows:
(a) Trade, particular ki (b) General business, or which empl (c) Name of 9 BIRTHPLAC (State or country) 10 NAME Of 11 BIRTHPL 2 (State or country) 12 MAIDEN 13 BIRTHPL (State or country) 14 Informant	E (city or town) OF FATHER LACE OF FATHER COUNTRY) NAME OF MOTHER COUNTRY) Frederick Ki	Balt William (city or town) Balt RElizabet (city or town) Balt	imore, Md. Hoffman. imore, Md. h Kayser. imore, Md.	CONTRIBUTOR Froncho (Secondary) condection of Curugal 18 Where was disease contracted if not at place of death? Did an operation precede death? Was there an autopsy? What test confirmed diagnosis? (Signed House) 5/10/188 (Address) 1017	Clinical diagnosis. Larat , M. D. Charles &t. th, or in deaths from Violent Causes, Injury, and (2) whether Accidental, urse side for additional space.)
(Address)6	00 Coleraine	Ho Chee	asville.	20 UNDERTAKER	ADDRESS ADDRESS

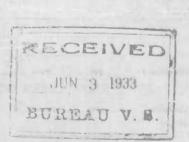
REVISED UNITED STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Asso.]

wife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic servpation whatever, write None. ice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occureceive a definite salary) may be entered as House Women at home, who are engaged in the duties of the household only (not paid Housekeepers who part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoan additional line is provided for the latter state nature of the business or industry, and therefore especially industrial employments, it is necessary e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, respective of age. For many occupations a single word or term on the first line will be sufficient, The question applies to each and every person, ir occupation is very important, so that the relative business, that fact may be indicated thus: Farmer pation at beginning of illness. without more precise specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. healthfulness of various pursuits can be known. (retired, 6 yrs.). For persons who have no occu Statement of Occupation .- Precise statement of If retired from

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name ori-

under the head of "Contributory." (Recommenby Committee on Nomenclature of the American dations on statement of cause of death approved nature of the injury, as fracture of skull, soned by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; cidal Homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accidental drowning; MEANS OF INJURY and qualify as ACCIDENTAL, SUItion was undertaken. tis," etc. as "Puerperal septicemia," "Puerperal peritonidiseases resulting from child birth or miscarriage "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Con-(secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæcase causing death), 29 ds.; Broncho-pneumonia stated unless important. ondary or intercurrent) interstitial nephritis, etc. ing cough, chronic valvular heart disease; Chronic mor" for malignant neoplasms); Measles; Whoopgin "Cancer" is less defi-Medical Association. State cause for which surgical opera-For VIOLENT DEATHS state Example: Measles (disaffection need not be The contributory (sece; avoid use of "Tu-Poi-



V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH	1838
1. PLACE OF DEATH	(2.5)	CODD
County Dallingure	Registration Dist. No. 33	۶
Village Dr City Recoture Language Mg. (If Length of rasidence in city or town where death occurred 62 yrs. 2 mos.	ND. St., death occurred in a hospital or institution, give its NAME instead of street and nut. 2.0.2 ds. How long in U.S. if of foreign birth? yrs. mos.	Ward mber)
(a) Residence: No. Rus ters truta Ml (Vessal place of abode)	St., Ward. If nonresident give city or town and St	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	ate
3. SEX 4. COLOR OR BACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCED (price the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH May 18 (Day)	193 3 (Year)
HUSBAND of (or) WIFE of	22. OHEREBY CERTIFY. That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year) Fels. 20. 18-7/	Hast saw her alive on 2007 17 1933;	death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 2 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Le Trade evotacion de cartinula.		Date of onset
S. Hade, plotession, or particular to the procession of the processi	Culmung duberculain	4mm
12. BIRTHPLACE (city or town) Perstustirm	Dther Cautibutary Causes of importance:	Sunc
(State or country) mg.	Herasilina	lay 7 st
13. NAME ame H. Suryman 14. BIRTHPLACE (city or town) Revalent transform (Stata or country) Mf 1	Name of operation Data of What test confirmed diagnosis?	opsy?
15. MAIDEN NAME Maria Pulveca Shoate 16. BIRTHPLACE (city or town) Reinstrum (State or country), md.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Bettie Maria Berryman. (Address) Risterston, ml.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
Place Suther an Com. Perotes trim 20, 1933	Mannar of injury	
19. UNDERTAKER Um Berry may to Imo. (Addiess) Reistry try my.	24. Was disease or injury in any way related to occupation of deceased?	ev
20. FILED May 19, 193 x 1 tresteate Registrar.	(Signed) Planta lus	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUSERAU.V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDI

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEAT should item of County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where deeth occurred statement RECORD. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIYORCED (write tha word) CTL classified 5e. If marriad, widowed, or divorced 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of ~ 1953 to may 27 , 1933 853 田 alive on 19 3 ; death is sald 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months If LESS than to have occurred on the data steted above, at . 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance u or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc back may 9. Industry or business in which plnods work wes dona, as SILK MILL SAW MILL, BANK, atc no 1D. Date dacaesed last worked et 11. Total time (years) this occupation (month and spant in this that instructions 12. BIRTHPLACE (city or town) (State or country) plain terms. FATHER 13. NAME 14, BIRTHPLACE (city or town) (State or comtry) carefully What tast confirmed diagnosis? Cleaner MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accidant, suicida, or homicide?_____ Data of injury_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE very (Address) 18. BURIAL, CREMATION, DR REMOV Manner of injury TION is CAUSE mation Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V		Mark the past	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state T RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in pain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN WITH UNFADING INK-THIS IS A PERMAN See instructions on back of certificate. TION is very important N. B.—WRITE PLAINL

V. S. No. 1

STATE OF M	IARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Alternation	(\$3) U\$0\$U
County Youltmore)	Registration Dist. No. 35
Village or City Fullan		NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s, ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME	t Blev	US. HOW long in 0.5.11 of foreign bilth:
(a) Residence: No.	ual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOR OR RACE 5. SING	ELE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	yays 1 1 1 1 1 1 1 1 1	I last saw h alive on 19.35; death is said to have occurred on the date stated above, at m 24.5 flac. The PRINCIPAL CAUSE OF DEATH and related abuses of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Grobally Fremature Lister. Cuts B.
10. Date deceased lest worked et this occupation (month and year)	1. Total time (years) spent in this occupation	Other Contributory Canaes of importance:
12. BIRTHPLACE (city or town) (State or country)	land	
13. NAME Carriel 13. NAME 14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maggie 16. BIRTHPLACE (city or town) (State or country)	former	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT A Mief Blur. (Address)	nd md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Middle DateDate	May 11, 1933	Manner of injury
19. UNDERTAKER R Thate (Address) Free Canal	nad.	24. Was disease or injury In any way related to occupation of deceesed?
20. FILED May 11 , 1933 Same	el Smiller Registrar.	(Signed) M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	(1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GSAISOS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH should County Registration Dist. No. 33 Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or fown where death occurred. vrs _____mos.___ How long in U.S. if of foreign birth? 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of 回 certificate. 6. DATE OF BIRTH (month, day, and year) properly to have occurred on the date stated above, at __ /- 30_m. 7. AGE Years Months If LESS than Days stated 1 day. hrs. 6 The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... back may 9. Industry or business in which pluods work was dona, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Total tima (years) spent in this on this occupation (month and occupation . instructions 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME See Neme of operation. 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?____ Was there an autopsy?_____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important Accident, suicide, or homicide?______ Date of Injury_______ 19_____ 16. BIRTHPLACE (city or town (State or country Where did injury occur?... should be (Specify city or town, county and State) DE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATION, OR REI Manner of injury WRITE AUSE mation TION Natura of injury 24. Was disease or injury In eny way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify 20. FILED Proces (Signed) (Address) _____ Registrar.

BIND

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH CORD. Every item of infor-1. PLACE OF DEATH Registration Dist. No. How long in U.S. if of foreign birth? Length of rasidence in city or town where death occurred If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of unknow 6. DATE OF BIRTH (month, day, and year) certificate. If LESS than 7. AGE Months I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED Jo OCCUPAT Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back may 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation instructions Other Contributory Causes of Importance: 12. BtRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See Name of operation_____ 14. BIRTHPLACE (city or town) (Stata or country) carcfully What test confirmed diagnosis? Was there an aulopsy?..... in pl MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. mation should 18. BURIAL, CREMATION, OR REMOV Manner of injury CAUSE 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. If more blands are need a, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Chronic interstitial nephritis 3 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURREUT	July 5,1927	Peritonitis	3 days ago
Other contributions of its	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
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Chronic interstitial nephritis	>1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
BURWAN W &				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			7-	
			1	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3 04844
County Ballen ore	Registration Dist. No. 30
Village or City Catorwells	No. Caton Heevell St Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Type Salant of Clare	use a mare Barre
(a) Residence: No. Paters Heyldr	St., Ward, 1
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Way 17- 1933 7. AGE Years Months Days If LESS than	1 last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
Ollh Stru ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPtNNER, SAWYER, BOOKKEEPER, etc.	
< 1 39. Industry or business in which	Stille Borns
work was done, as SILK MILL, SAW MILL, BANK, etc.	DUUS DOUN
O. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Caloumille	
(State or country)	
13. NAME ODIEURO BULLO B	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?_f
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Oate of Injury, 19
Of a control of the c	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CANADA CONTRACTOR (Address)	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place Control of Date MA 1/, 1933	Nature of injury
19. UNDERTAKER Les & Schwald	24. Was disease or injury In any way related to occupation of deceased?
(Address) 2101 Fresh Cl	If so, specify
20. FILED has 17, 1937 Translall B bril	(Signed) Markall 13 Wish M. D.
Registrar.	(Address) Countle Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
_							

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

f. S. No.

	PLACE OF DEATH	93
	County Dallun	43
ficate.	Village or Cithaudhone Monus 2FULL NAME Wary Ellen	1
Sert	PERSONAL AND STATISTICAL PARTICULARS	
back of	SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DAT
no	6 DATE OF BIRTH (Month) (Day) (Year)	that I
nstructions	7 AGE If LESS than I day hrs. 1 day hrs. or min. or min.	and th
Important. See in	8 OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	Con
CCUPATION IS very in	10 NAME OF FATHER CORP DIWITH. 11 BIRTHPLACE OF FATHER (State or country) Dall Co. 12 MAIDEN NAME OF MOTHER WALLY ENWEYT. 13 BIRTHPLACE OF MOTHER	Viol Acci 16 LEN ient At plac
statement of O	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Sylvanian of Charles E Durith, Address Shill W Rogers Aug.	Where if not Former usual re

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-	MEDICAL CERTIFICATE	OF DEATH
-	16 DATE OF DEATH (Month)	4 , 19 3 3
	17 HEREBY CERTIFY, That Latt	ay 4 , 1923
	that I last saw her alive on wa	above, at 1000 P. m.
	The CAUSE OF DEATH * was as follows:	
	Contributory My Caratte	is Chronic
	(Signed). Hauerel	heelin M. D
	May 4 1933 (24) 1 100	Elius Ferry !
	*State the Disrase Causing Death, Violent Caus.s, state (1) Means of L Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) whether
	18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	tals, Institutions, Trans
	At place In the of death yrsmos. ds. Sta	tede
	Where was disease contracted, if not at place of death?	
	Former or usual residence.	2 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	19 PLACE OF BURIAL OR REMOVAL	May 6 33
	Woodlawn Cemeters	1003 West

If more banks are needed, address State Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a the kind of work and also (b the business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it whatever, write Nonc. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e g. Farmer or Planter, tion applies to caeh and every person, irrespective of fulness of various pursuits can be known. The ques-Physician, cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-," et.:., Foreman, engracer, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pregnancia. Bronchopneumonia ("Pneumonia.")

> The pis coefficient to the correspondence. A lithe data is essential and must be obtained before the certificate in permanently filed. as fracture of scall, and consequences (e.g., sepsis, telanus may be stated under the head of "contributory" (Recommendations of statement of cause of death approved by Comparities on Nomenclature of the accident; Header wound of head-homicide; Poisoned by carbolic and probably suicide. The nature of the injury. Examples: Activation of the hand handicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," diseases resulting from ehildbirth or miscarriage can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease causing use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonocum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, Whooping (name origin; "Caneer" is less definite; avoid herican Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," ility" ("Congenital," "Senile," etc.), "Dropsy," naustion," "Heart failure," "Haemorrhage," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) cough; brobably surade. Chronic etc. valuular heart The contributory Measles; disease;

BINDIN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 77 7 7 8	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

04847

1. PLACE OF DEATH	(97)
County Battimer	Registration Dist. No. 37
Village or City Juxas	No. St., Ward Il death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas Cass	rely 1
(a) Residence: No. (Usual place of abode)	Ward. /// Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Way (Near)
5a. If marriad, widowad, or divorced HU3BAND of	
(or) WIFE of unknown	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h_and alive on May 1 19 33; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at 11.3 m.
1 day,hrs.	ware as follows:
8 Trade profession or particular	Date of onset
9. Industry or business in which	290
work was done, as SILK MILL, SAW MILL, BANK, etc	Somality
O 10. Date daceased last worked at this occupation (month and year) occupation occupation.	
12. BIRTHPLACE (city or town) Control (State or country)	Othar Contributory Causes of Importance:
II 13. NAME	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
I 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place UMAS Home Unuly Date MA ay 4, 19 3	Natura of Injury
19. UNDERTAKER W. C. Browns (Addrass) Sprans Mcd	24. Was disease or Injury In any way related to occupation of deceasad?
20. FILED May C/, 19 3 3 B Berson Registrar.	(Signad) B. R. Benne M. D. (Addrass) Circles Shill M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

0 (Yaar)

Date of onset

Was there an autopsy?



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 3 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	ilis	1921	Run over by street car	1 week ago
Corebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
	ha			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
,				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA-Exact statement properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. RESERVED AGE should be mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be MARGIN -WRITE N. B.

V. S. No. 1

4 01	LACE OF DEAT		I WIATE	LAND	04849
	ounty Bally				2/
	6	/			Registration Dist. No.
V	illage or City /C	uysor	V	(IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
L	ength of residence in cit	y or town where d	laath occurred		
2. FU	ULL NAME	ichosa	Deur	v Lee 1	hambeslaine
	a) Residence: No. ∠	0 1	While o		St.: Ward.
(,	a) nesidence. No. 2	eve jev v	(Usual place o	f abode)	If nonresident give city or town and State
	PERSONAL AN	D STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLO	R OR RACE	5. SINGLE, MARK OR DIVORCED	(wgite the word)	21. DATE OF DEATH
Ma	le Wit	ute		sied	Mary (Month) 3 92 (Dey) /9 3 3 (Year)
HUS	orrlad, widewed, or dive	rced	00	0 0 1	22. I HEREBY CERTIFY, That I attended deceased from
(44)	WIFE	& Brown	u bleam	beslame	
6. DATE	OF BIRTH (month, day	and year)	m- 16 x	1902	I last saw h; daath is said
7. AGE	Years	Months	Days	If LESS than	to heve occurred on the dete stated above, atm.
	30	5	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
z 8.	Trade, profession, or pa	rticular	91		ware as rollows:
5 1	kind of work done, SAWYER, BOOKKEE	PER, etc	Mone		Sucide
OCCUPATION 10.	Industry or business In work was done, as S SAW MILL, BANK, a	which SILK MILL,			
J 10.	SAW MILL, BANK, a Date deceesed last wor		11. Total tie	me (vears)	The shot avound in right Temple.
0 1	this occupation (mor	nth end	spen	tin this pation	
		Ralta	more		Other Cautributary Causes of Importance:
	HPLACE (city or town) State or country)	Jours	Hasyl	and	
œ 13. t	NAME Pichard	Meury la	lecons less	cine-	
E		01		1	Name of operation Date of
A 14.1	BIRTHPLACE (city or to (State or country)	WII) Hort	olle /	<u>&</u>	Whet test confirmed diagnosis?
15. I	MAIDEN NAME PIT	Marga	et Lee St	assett	23. If daath was due to external causes (VIOLENCE) fill in also tha following:
15. I	BIRTHPLACE (city or to	un Bess	wille		Accident, suicide, or homicide? Date of Injury 19
¥ 10.1	(State or country)	mn)-2	96		Where did injury occur?
17. INFO	PARANT MIL G. S	Messure	an la	sey	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	Address 300/	St Pan	e sy		
18. BURIAL, CREMATION, OR REMOVAL			Mari	/× >2	Manner of injury
P	lace Terryvi	cel /=	Date Juy	5* ,1933.	Neture of injury
19. UNDERTAKER Sensy M Jenkin o L. lo.				les.	24. Was diseese or Injury In any way related to occupation of decaased?
	Address) Osch	cell of	no bollo	GPX	If so, specify
20. FILE	May 4	19.23 /	The Ju	lev	(Signed) William P. Bulle Government
	1		D	oh Registrar.	(Addrass) - I www. Md.
	,	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	[20]	Other contributory causes of importance:	
Gallstones 3.	May 1,1923	Gastroenteritis	1 year
\ * <u>\</u>			

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town How long in U.S. II of foreign birth? _____yrs.___ atement ____ds. 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 3 (Month) (Dev) (Yeer) classified 5a. If marriad, widowed, or divorced HUSBANO of 22. CERTIFY Jhat I attanded deceesed from (or) WIFE of BIND] 6. DATE OF BIRTH (month, dev. and year) certificate properly 7. AGE Months Davs II LESS then to have occurred on tha data stated above, et. FOR 1 day, Tha PRINCIPAL CAUSE OF DEATH and related ceuses of importence or____min. were as follows: Date of onest 8. Trade, protession, or particular MARGIN RESERVED OCCUPATION be kind of work done, as SPINNER, be jo SAWYER, BOOKKEEPER, etc., back 9. Industry or business in which may plnods work was dona, as SILK MILL SAW MILL, BANK, etc 10. Dete deceased last worked at 11. Totel time (years) spant in this 38 grs this occupation (month end that Other Contributory Causes of importence 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) Whet test confirmed diegnosis? Was there en eutopsy? MOTHER 15. MAIOEN NAME 23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?..... Dete of injury.......... 19...... 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?___ be OF DEA (Specify city or town, county and State) Specily whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury CAUSE mation LION Nature of injury 24. Was diseesa or injury in eny way related to occupetion of daceased? 19 UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
) WE CEIVED!	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH (14851
1. PLACE OF DEATH	(88.0)
County Baltyn ore	Registration Dist. No.
Village or City Sparrono Parist	No. 1331 House Arad St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and oumber)
Length of residence in city or town where death occurred yrsn 2. FULL NAME Levi P. Colen	nosds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. His c Warren los M. (Usual place of abode)	Le. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the word)	21. DATE OF DEATH (Mongh) (Dy) (Vear)
5a. If married, widowed, or diverged HUSBANO of (or) WIFE of Horence Coleman	22. MIHEREBY CERTIFY. That I attended deceased seem
6. DATE OF BIRTH (month, day, and year) — - 1863	I last saw h alive on 19 death is said
7. AGE Years Months Oays If LESS than 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
2 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, SAWYER, BOOKKEEPER, SAWYER, BOOKKEEPER, SAWYER, BOOKKEEPER, SAWYER, SAWYER, BOOKKEEPER, SAWYER, SAWYER	
10 Date decaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Herrymout Warren ((State or country) Nolly Parveirs	Other Contributory Causes of importance;
II 13. NAME MIKENOWN	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to extarnal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Everett I. Hines harrons (Addrass) 1336 Jonest Road Sharrons R	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place / Sl. Date May 3v , 1933	Manner of Injury
19. UNDERTAKER & Sander & Sand (Address) Balte	24. Was disaase or injury In any way ralated to occupation of dacaased?
20. FILED UCY 29, 1933 Of Hy Cornica (m. Registrar.	(Signed) (Address) (Address) (Address)
If more blanks are needed, address State Registra	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example I	i i	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	11 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU	July 5,1927	Perilonitis	3 days ago
	La-			
Other contributory c	auses of importance:	-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenterilis	1 year
				1 31

+ te +	STATE OF MARYLAND—	CERTIFICATE OF DEATH 114852
infor- state	1. PLACE OF BEATH	- M-a
ould occ	County Catt work	Registration Dist. No.
item of should of OCC	Village or City Harnson bille	No Lebrity low St., Ward
·	Length of residence in city or town where death occurred bys. mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
RECORD, Every PHYSICIANS Exact statement	2. FULL NAME (Carl Con	ney Dp.
D. J SIC tate	(a) Residence: No. Labruty Coal	St., Ward.
OR HTY t s	(Usual place of abode)	If nonresident give city or town and State
RECO Fract	PERSONAL AND STATISTICAL PARTICULARS 3. SET 4. COLOR OR PLACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
EX	Male Mate OR DEVERCED (write the word)	(Mogh) (Day) (Yaar)
MANENA CTI	5a. If married, widower or divorced HUSBAND of (or) WIFE of Carabell	22. I HEREBY CERTIFY, That I attended deceased from
BIND) ERMA EXA y class te.	Lagura Como	may 6. 1933, 10 May 6, 1933
BI PEI Iy ate.	6. DATE OF BIRTH (month, day, and year) 1. Pays If LESS than	I last saw have alive on May 1157. 19 33; death is said
FOR BI	7 2 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
FO IS stat properties	8. Trada profession or particular	were as follows:
ED HIS be be of of	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Osto escendation (month and specific program) of this programation (month and specific program) of the programation (month and specific program).	Pulmonan emblian 5-6-33
RVE C_T lould may back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	d d
RESERVED G INK—THIS GE should be that it may be	SAW MILL, BANK, etc	
RES VG II AGE that	this occupation (month and spant in this year)	
2 4 7 2	12. BIRTHPLACE (city or town) Holbrook MV	Other Contributory Causes of importance:
MARGIN UNFADI supplied. n terms, se	(State or country)	
	13. NAME Yeury Duly	
N SI	13. NAME YELLY STUCK CONNEY 14. BIRTHPLACE (city or town)	Name of operation
WITH fully n plai	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
e e	15. MAIDEN NAME (lugelfire Inplett	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, be car EATH import	(State or country)	Accident, suicide, or homicide?
PLAINLY ould be ca of DEATH	17. INFORMANT / Kelleaur Corray	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	17. INFORMANT / Carballston as I	
नि व दे	18. BURIAL DE MATION OR BENOVAL Place MUSS Capely pately 97, 1933	Manner of injury
	Place Mul Lang Bate 1999, 1900	Nature of injury
WRITE Mation CAUSE	19. UNDERTAKER OSE STORY	24. Was disease or injury in any way related to occupation of deceased?
No.	(Address) /00/3 N. Dalla:	If so, specify
vi z .	20. FILEO 19 19 Registrar.	(Signed) M. O. (Address) Randallaton M. O.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example H	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

20. FILED/May 30 , 1938

	CERTIFICATE OF DEATH U4853
1. PLACE OF DEATH	(93-cl)
county Baltimore County	Registration Dist. No. 38
Village or City Tanzan	No. 400 Highland avenuest, Ward
	death occurred in a hospita (a) institution, give its NAME instead of sireet and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Umer J. Cook	
(a) Residence: No. 400 Highland Cive mu	e St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH MAN 3
male white married married	May 20, 193, 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF COURT	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 5, 1868	Hast saw ham alive on May 27 5/ 1993; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data steted above, at / a m.
1 day hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
	were as fallows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Claude Cordina Delalston
2 SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation from the document and solutions.	
10. Date deceased lest worked at this occupation mostly and 30193 spent in this 38 occupation.	
year)occupetion	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town)	mucardul Insufficiency
(State or country) Franklin Co, Peuca-	Gelerol arterio Schroses 1
# 13. NAME Samuel H COOK	Joy Kerlsohnes Heart
Ε	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Nancy A. Fahrney 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Stete or country)	Where did injury occur?
17. INFORMANT MYS Edith Laws on Cook	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 400 Highland avison	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I rospect till Date June 1 1933	Nature of injury
by Sh la la la	
19. UNDERTAKER Henry 1. Mikers Janes (Address) M. Child Outh Could and Co	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ...

Registrar.

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

111 title g hany and

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. If of foreign birth?_____yrs. statement (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. TIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properl 7. AGE Months Days If LESS than to have occurred on the date stated above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, & SAWYER, BOOKKEEPER, etc. RESERVED Jo 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc..... back may plnods 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this that occupation 40 2 year) instructions Other Contributory Causes of Importance MARGIN 12. BIRTIIPLACE (city or town) (State or country) terms, FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town). in plain (State or country) carefully What test confirmed diagnosis?. ------ Was thera an autopsy?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: importan Accident, sulcide, or homicide?_____ Date of injury_____ OF DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?___ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT plnous (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury CAUSE mation Nature of injury NO 24. Was disease or injury In any way related to occupation of deceased?. 19. UNDERTAKER (Address) If so, specify 20, FILED Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Ran over by street car	1 week ago
Cerebral hemorrhage		Peritonits	3 days ago
(वज्	In	Other contributory causes of importance:	
Other contributory causes of importance:		Ther contributory causes of importance:	
Gallstones	May 1,1923	Castroenteritis	1 year

T RECORD Every item of infor-PHYSICIANS should state of OCCUPA. Exact statement stated EXACTLY. properly classified. IS A PERMANE certificate. WITH UNFADING INK-THIS AGE should be See instructions on back of OF DEATH in plain terms, so that it may mation should be carefully supplied. very important. B.-WRITE PLAINL CAUSE TION IS ż

FOR BINDI

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH /	OLKHITEKIL OF BEATH 04855
County / Sallemore	Registration Dist. No.
Village or City Upperco	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
DOXXX	10u
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIYORCED (write the word) Color of RACE OR-DIYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, withoused HUSBAND of (ac) WHES of a Mary Davidson	22. I HEREBY CERTIFY, That I attended deceased from Cern/2th 1932 to heavy 9th 1933
6. DATE OF BIRTH (month, day, end year) 7-1867	I lest saw have aliva on hear & the 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. 4m.
66 2 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raleted causes of Importance wera as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Teashed SAWYER, BODKKEPER, atc.	learenome of Bladder don't
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or business in which work wes done, es SILK MILL, Public School SAW MILL, BANK, etc. 10. Data decaased last worked et this occupation (month and second in this compation of month and second in this compation of month and second in this	and
10. Data decaased last worked et this occupetion (month and year) 11. Total time (years) spent in this occupetion	Gior
(Company	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) // (State or country)	
13. NAME July W Davidson 14. BIRTHPLACE (city or town)	Name of operation Effloration Ofreation Date of Cart 233
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary L. algira 16. BIRTHPLACE (city or town)	23. If deeth wes due to external causas (VIDLENCE) fill in also the following:
(State or country)	Accident, suicida, or homicide?
M. Pakx F. A. 1	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Addrass) We he and had	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Mannar of Injury
Place Track Almah Date May 11, 1933	Natura of Injury
19. UNDERTAKER Edw Liteton (Addrass) Hampstead Med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 10, 1933 C. E. Farolla M. W. Registrat.	(Signed) D. M. Real M.D. (Addrass) Hourseled hid
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYI AND-CERTIFICATE OF DEATH

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	D. //		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.--Every Item of Information should be carefully supplied...ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCIDATION is very important. See instructions on hack of certificate. ANENT RECORD MARGIN RESERVED FOR BINDING Y, WITH UNFADING INK-THIS IS A PE WRITE PLAI V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County allered	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Village or City	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME (F/1/51)	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH MAS V, 1993 3 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(1119.15, 1863	1923 to 1 1935
(Month) (Day) (Year)	that I last saw h alive on 21, 192,
If LESS than	
4 Gyrsds. ormin.?	
(a) Trade, profession or	Valgados Itear
particular kind of work (b) General nature of industry	Moldon
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE	Contributory
(State or country)	(Doratten)
FATHER CLUE Seems	(Signed).
0 11 BIRTHPLACE OF FATHER	
OF FATHER (State or country) 12 MAIDEN NAME	*State the Itis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER / Well Lee	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death yrs mos de, State yrs mos de,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Jaly Davis	19 PLACE OF BURIAL OR REMOVAL) DATE OF BURIAL
(Address) Poblat h. A.	Toplar Hamely Play May 28, 10 33
Filed may 26 1923 John & Connelly Registrat	Mary M Wiedelela 501 & J. 2 st
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ng A
	Ballo Md

LACEN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. woundend at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. not gainfully em-(b) Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valvular heart etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

T. RECORD. Every item of infor-Y. PHYSICIANS should state stated EXACTL MARGIN RESERVED FOR BINDII WITH UNFADING INK-THIS AGE should be WRITE PLAINLY, WITH UNFAD mation should be carefully supplied. N. B.

		MAR	YLAND-	CERTIFICATE OF DEATH 04857
1. PLACE OF DEAT				92-0)
County Baltimore				
Village or CityF	ullerton			No. Joppa Road St., Was f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in cit	y or town whare daat			s
2. FULL NAME	Dora M.	Dietz		
(a) Residence: No	Joppa R	Oad F	ullerton	St., Ward. If nonresident give city or town and State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH
	r or race 5.	OR DIVORCE	RIED, WIDOWED, D (write the word) ngle	21: DATE OF DEATH May 26th, (Oay) (Year) (Wonth) (Oay)
5a. If marriad, widowed, or divor HUSBANO of (or) WiFE of	rced			22. I HEREBY CERTIFY, That I attended deceased from 19 33 to 26 19 3
6. DATE OF BIRTH (month, day	and vaar) M	av 18t	h. 1911	I lest saw her alive on May 26 1933; death is s
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated abova, at 1:30Am.
22	-	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:
kind of work done, s SAWYER, BOOKKEE 9. Industry or businass in work was dona, es S SAW MILL, BANK, e 10. Oale decaased last worthis occupation (mor year)	ILK MILL, tcked at oth end	11. Total ti	ima (yaers) nt in this upation	Other Coutributory Couses of Importance:
12. BIRTHPLACE (city or town) (State or country)	Balto.	Co.		Other Courses of importance.
置 13. NAME Chris	tian P.	Dietz		
14. BIRTHPLACE (city or to (Stete or country)	wn) Balt Md•	o. Co.		Name of operation Oate of What test confirmed diagnosis? Plagues of West there en autopsy?
15. MAIOEN NAME K	atherine	Hanf		23. If doath wes due to external causas (VIOLENCE) fill G also the following:
15. MAIOEN NAME K	wn)Ba-1	to. Co) .	Accident, suicide, or homicide?
	illerton,		****	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR R Place St. Mich	emdval aelsCem.	Oeta May	28th, 33	Mennar of injury
19. UNOERTAKER Tress (Address) 740	with L	Road	modal	24. Was disease or injury in any way ralated to occupation of deceasad?
20. FILEO 5/27 ,1	33 b	a. F.	inte ma	(Signed) When delay Blow 180

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	4	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	THE WATER	3 - 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	C About	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state T RECORD. Every item of inforof OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE MARGIN RESERVED FOR BINDER

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Balio CC	Registration Dist. Np. 33
Village or City Boung Md	NoSt., Ward
Length of residence in city or town where death occurred 28 yrsm	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME James L. Diggs	
(a) Residence: ND.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 20 th, 193 3 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	(100)
(or) WIFE of Jama J. Diggs	22. I-HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 10 1869	
6. DATE OF BIRTH (month, day, and year) 10 1869 7. AGE. Years Months Days If LESS than	I lest sew h/ alive on
63 5 10 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Basceman and
I Industry or business in which	La des
work was done, as SILK MILL, farmer SAW MILL, BANK, etc	
1D. Dete deceased last worked at this occupation (month and year) occupation	
Belleren	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME nusker in/	- Official and
13. NAME Nukroun/	
[4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
# 15. MAIOEN NAME Mukeyorer	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
Ε	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Jane Diggs (Address) Bring Mr 1995	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMAVAL	Manner of Injury
Place Sing Sine Date May 23, 1933	Nature of injury.
19. UNDERTAKER Suis + Sons (Address) (Ruslinstown Md.	24. Was disease or Injury In any way releted to occupation of deceased? If so, specify
20. FILED may 20, 19 3 2 17 Ba. Slad	(Signed) AM. D.
Registrar. If more blanks are needed address State Penistrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
The many and a visit of the second			
			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			ALC: THE RESERVE

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	------	-----	----------------	------------	----	-----------

STATE OF MARYLAND-CERTIFICATE OF DEATH RECORD. Every item of infor-OCCUPA-1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in read of street and number) How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BtRTH (month, day, and year) If LESS than to have occurred on the date stated 7. AGE Months 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was done, as SILK MILL, may pluods SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) spent In this this occupation (month and that occupation 502 instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) terms, FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? _____ Was there an autopsy?____ carefully MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: important. Accident, suicide, or homicide?_____ DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE should OF. (Address) Menner of injury CAUSI Nature of injury LION 19. UNDERTAKER If so, specify (Signed)_ Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

MARGIN

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11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

N. B.

19. UNOERTAKER

20. FILEO

(Address) 2

	MARYLAND-	CERTIFICATE OF DEATH 04	860
1. PLACE OF DEATH		940	1
County 13AL+1n	IORE	Registration Dist. No.	
Village or City Randal	Lsfown	NO. St., f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence In city or town where deal		sds. How long in U.S. if of foreign blrth?yrsm	osds
2. FULL NAME Ed WA	Rd K. Do	RSCHEL	
(a) Residence: No.	(Usual place of abode)	St., Ward. KANDALLSTOW !!	Md State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
MALE 4. COLOR OR RACE S	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Thay (youth) (Oey)	., 193_3 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of LILE A	DORSCHEL	22. HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	1. 21 1870	I last saw halive on	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated ebove, atm.	-,
63 6	4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
9 Trade profession or particular			Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	inter + Paperhanger	ANGINA PECTORIS	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			-
10. Date deceased last worked at this occupation (month and	11. Total time (yeers) spent in this 30	Dr. MME MARTIN	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	inoRF Md	Other Contributory Canses of importence:	
(State or country)			
13. NAME William	Doeschil		
14. BIRTHPLACE (city or town)	Ermany	Name of operation	
(State of country)		What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Marga	if Wallace	23. II death was due to external causes (VIOL ENCE) fill in also the followin	g:
16. BIRTHPLACE (city or town)	Sallimon med	Accident, suicide, or homicide? Date of Injury	, 19
		Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT Lellie A (Address)	DorscheL	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PI	
18. BURIAL, CREMATION, OR REMOVAL Place Leder Theel	Oate May 29 , 1933	Menner of Injury	
21 10 .	0	The state of this state of the	

Registrar.

If so, specify

(Signed)

(Address)

Orons

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		OF DEAT				48
1/	-	Balti				Registration Dist. No.
V	Village o	or CityE'	ranklint	own	()(No. Franklintown Road St., f death occurred in a hospital or institution, give its NAME instead of street and num
	Length of	residence in city	y or town where dee	th occurred3	yrsmos	sds. How long in U.S. if of foreign birth?yrsmos.
2			Bertha 1			
	(a) Resi	dence: No	Frankli	(Usual place		St., Ward. If nonresident give city or town and Ste
antecers.	PERS	ONAL ANI	DSTATISTIC			MEDICAL CERTIFICATE OF DEATH
	ex emale		ite :	OR DIYORCE	RIED, WIDOWED, D (perite the word) Pied	21. DATE OF DEATH May (Month) (Day)
5a.	HUSBAND (dowed, or divor				22. I HEREBY CERTIFY, Thet I ettended dec
	(or) WIFE o	of 🔪	Joni	L. Dr	exel	Jan 1, 1933, 10 May 15
6. 1	DATE OF BIR	TH (month, day,	end yeer) Nov	7. 19,	1884	Hest saw har alive on may 15-, 1933; d
7.	AGE	Years	Months	Deys	If LESS than 1 day,hrs.	to have occurred on the dete stated above, at 10.0 p.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
_	0 T	48	5	26	ormin.	were as follows:
NOI	kind	rofession, or par of work done, e YER, BOOKKEEF	S SPINNER. T	Iouse-w	rife	Common of Merin
OCCUPATION	9. Industry work	or business in wes done, as SI	which ILK MILL.			
SCC	10. Date dec	MILL, BANK, et eesed lest work	ked at	I1. Totel ti	me (years)	-
		occupation (mon	th and	sper occu	nt In this Ipation	- Our Court of Court in the Cou
12.			Randal	Latown,		Other Contributory Causes of importence:
~	(Stete er		rt Keir	1.0	Md•	-
FATHER	13. NAME					
FA		ACE (city or tov e or country)	₩n)	Md.		Neme of operation Date of West here an auto
IER	15. MAIDEN	NAME Id	a East			23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:
MOTHER		ACE (city or tov	vn)			Accident, suicide, or homicide? Date of injury
-		e or country)	Md.	- /		Where did injury occur? (Specify city or town, county and State)
	(Address)	Frank	L. Drexe	Md.	band)	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE
18.		mation, or re		Date May	18, 19 33	Manner of injury
		0 /	0) 11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nature of injury

(Address) 4509 8- his If more Duck are needed, address Jate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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If more blanks are needed, address Store Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	S days ago
SURBAD V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

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		GEALED SE	
Other contributory causes of importance:		Other contributory causes of importance:	
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PHYSICIANS should state r RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMAN WRITE PLAINLY Bi

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	U48	04
County Callinor	Registration Dist. No.	0
Village or City Catonsulle	No. Spring Sowe Hospitali.	Ward
	death occurred in a horpital or institution, give its NAMC instead of street and nun.	
1- ~:	. John long in O. O. H. O. Longa British	us
2. FULL NAME Win tatachen	- St Ward Baltomore	
(a) Residence: No. 283/ (Usual place of abode)	St., Ward. If nonresident give city or town and St.	ale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	2
Male white married	(Day)	(Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Mustern Files	22. A I HEREBY CERTIFY, That I attended det	coand from
(or) WIFE of Mislem thocken	Oct 4 1927 10 May 14	19.33
6. DATE OF BIRTH (month, day, and year) Quil 1- 1861	Hast saw h Line alive on May 14, 1933;	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5-2 m.	
72 / / /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Ontrofesset
8. Trada, profession, or particular kind of work done, as SPINNER Reppense Clark SAWYER, BOOKKEEPER, etc.		Oate of onset
SAWYER, BOOKKEEPER, etc. Supplies SAWYER, etc. Supplies SAWY		
work was done, as SILK MILL, Curkrown	Carebral Enbolism	now
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this)		
year) 25-3-12-6 occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Bolkmon	Other Countries of Importance.	
(Stata or country)	arterio Sclaroseo.	64ro.
13. NAME TO CREATE 14. BIRTHPLACE (city or town)		
	Name of operation Date of	· · · · ·
(State or country) Geomany	What test confirmed diagnosis? Was there an au'o	opsy?
15. MAIDEN NAME Ely a Both Och Co	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
8 (25 7 -	Where did injury occur? (Specify city or town, county and Stale)	
17. INFORMANT Mus W. Cats Chess (Address) 2831 Oli Mas Ches	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	Ł.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place / prod / asporta / 16.,182	Nature of injury	
19. UNDERTAKER Jm Frekunt L	24. Was disease or injury In any way related to occupation of deceased?	4
(Address)	If so, specify	
20, FILED 5 / 4 196 All Sul	(Signed) LOGI. C. Garrett	M. D.
Registrar.	(Address) Catoriairle 8	nd
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH should state OCCUPA-1. PLACE OF DEATH Registration Dist. N item of Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred Every Statement RECORD. (a) Residence: No. If nonresident give city or town and State (Vsual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Day) CTL (Month) (Year) classified. 5a. If an afried, widowed, or dis HUSBAND of I HEREBY CERTIFY. That I attended deceased from 22. (or) WHEE of 至 6. DATE OF BIRTH (month, day, and year) certificate properly Days If LESS than Months to have occurred on the date stated above, at, 7. AGE Years 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Jo OCCUPAT plnods back may 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) on 10. Date deceased last worked et this occupation (month and spent in this that occupation. vear) _____ instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) supplied. terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) What test confirmed diagnosis?______ Was there an autopsy?____ carefully ER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also tha following: MOTHE Date of injury..... Accident, suicide, or homicide?_____ DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?____ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, ar in PUBLIC PLACE. 17. INFORMANT plnous very (Address) OF 18. BURIAL, CREMATION, OR REMOVA Manner of injury WRITE ation AUSI Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED//CAL Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDI

FOR

MARGIN RESERVED

S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

/	
PLACE OF DEATH County Baltimore	(
Tillage or City Arbrutus (No.	m
2FULL NAME Anna T	zer
PERSONAL AND STATISTICAL PARTICULARS	
Temale Mule Single, MARRIED, Married, OR DIVORCED (Write the word)	2
DATE OF BIRTH May 16 Th, 180 (Year) (Year)	9/
AGE State State	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	6
which employed or (employer)	
(State or country) Germany	
10 NAME OF THE	
of FATHER (State or country)	
of MOTHER Ama Mospela	~
13 BIRTHPLACE OF MOTHER (State or country) Sermany	
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	2

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

aple aux. si Ward) (If death occurred in a hospital or institu-tion, give its NAME in-

stead of street and number.)

	16 DATE OF DEATH
	(Month) 3 (Day) (Year 1)
	17 A I HERLBY CERTIFY, That I at anded the deceased from
	Weenter 192/10, May 12, 102 2
1	that I last saw h Canalive on Man / 4 199 1.
1	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
1.	
	Merainem Uters
	I Bloom to
ľ	
ŀ	(Duration)
ı	Contributory Works 19 19 19 19 19 19 19 19 19 19 19 19 19
ļ	Du Goo yie mos de
1	Mo. 4. Wans
	(Signed)
	19. J (Address) All Calledy The
-	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
1	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents)
-	At place In the of deathyrsmosds. Stateyrsmosds
	Where was disease contracted, if not at place of death?
	Former or usual residence
1	19 PLACE OF BURIAL OR REMOVAL
1	Loudon Park Cen May 16. 19 3;
1	20 UNDERTAKER ADDRESS 3109
-	Toparles M. Dell Fredk aux

MEDICAL CERTIFICATE OF DEATH

(Informant)

15

f. E. No.

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If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g.. Farmer ar Planter, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm labarer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At hama. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" (Forcman," 'Manager," "Pealnature of the business or industry, and therefore an report specifically the occupations of persons en-Foreman, (b) Automabile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesor At Hame, and children, not gainfully emyrs). For persons who have no occupation (a) the kind of work and also (b) the Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Sphoid fever (never report "Typhoid Pneumonia"); Lohar phenmonia, Bronchopneumonia ("Pneumonia,")

> "Uruemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthonia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mentcianus) may be stated under the head of "contributory. curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping or as probably such, if impossible to determine definitely. American Medical Association.) approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train Never report more symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. vabrular heart Nomenclature The contributory discuss

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is a permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

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BUREAU V. D.				
the second second				
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		Gavians		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
	114 24 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN

V. S. No. 1

1. PLACE OF, DEA	TATE C) MAH	YLAND—	CERTIFICATE OF DEATH	kG9
County	Baltimo	re		Registration Dist. No.)
Village or City	Catonsv		/1	No. 115 Osbourne Avenue St., death occurred in a hospital or institution, give its NAME instead of street and no	Ward
Length of residence in o	ity or town where o	leath occurred	O yrs == mos	r death occurred in a norpital or institution, give its NAME, instead of street and no	ımber)
2. FULL NAME	Joanna	A. Galv	vay		
(a) Residence: No.	115 Osb	ourne A	venue	St., Ward,	
		(Usual plac	e of abode)	If nonresident give city or town and S	State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
	or or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH May 11th (Month) (Dey)	193 <u>3</u> (Yeer)
5a. If married, widowed, or div HU3BAND of (or) WIFE of	orced .			22. 1 HER-EBY CERTIFY, That I attended d	eceased from
6. DATE OF BIRTH (month, da	90	n+ 3	1875	(last saw h & alive on Ducky 11 1933	,
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 8.05P.m.	- death is said
57	8	7	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or paid with done SAWYER, BOOKKE	articular as SPINNER,	Buver	- Shoe	1	4
A Industry or business i	n which	Depart		Wilson Wille	pine 19
work was done, as SAW MILL, BANK,	SILK MILL, etc	O'Nei	11 & Co.	(Style) wo (sur) en ear, negruen	2000
10. Date deceased last we this occupation (me year)	orked at onth and	11. Total sp	time (years) ent in this cupation		
12. BIRTHPLACE (city or town	Balt	imore		Other Coutributory Causes of importance:	
(State or country)		land		Hapatitis -	erzo-
13. NAME Mar	tin Galw	ay			7
14. BIRTHPLACE (city or t	own) Irel	and		Name of operation Date of What test confirmed diagnosis? Chine east funding there an au	
15. MAIDEN NAME	Brid	get Mal	noney	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or t	own)			Accident, suicide, or homicide? Date of Injury	
(State or country)		and		Where did injury occur?	
17. INFORMANT Miss (Address) 115				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	DE.
18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 5/15 19.33		Manner of injury			
Place Cathed	cal cem.	Date	19.33	Nature of injury	
19. UNDERTAKER 10.	my Co	Mea	ty any Dan	24. Was disease or Injury In eny way related to occupation of deceased?	No
20. FILED 5-7-19-	12 110	Lafre	dus	(Signed) luces HANELL	M. D
110	3) 4	Ochre	Registrar.	(Address) A TOLLA DELLE	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH U4870
1. PLACE OF DEATH	
County Ballimore	Registration Dist No.
Village or City Wordlaws P.O.	Np. Ulindar hell St., Ward
Length of residence in city or town where death occurred the yes	Many occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
B.1. Mal.	us. How long in 0.5. If of foreign bittif:yismosus.
2. FULL NAME gally than	
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Man 0 1037	l last saw h alive on the said
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Prematere Stillborn at
9. Industry or business in which work wes done, as SILK MILL,	al 4 (4)
SAW MILL, BANK, etc	and a viewell
this occupation (month and spent in this occupation year)	Cause unprouve
111-100	Other Contributory Couses of importance:
12, BIRTHPLACE (city or town) (State or country)	
W 13. NAME A CHARGE AND MAKE	
14. BIRTHPLACE (city or town)	Name of operation 2000 Date of Date of
(State or country)	What test confirmed diagnosis? Physical 1 Was there an autopsy? he
出 15. MAIDEN NAME 大	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. City of town 16. State or country 17.	Accident, suicide, or homicide?Date of Injury,19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MA Frances Bary	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Place Dete 5 /10/1933	Menner of Injury
1 office contra	Nature of injury.
19. UNDERTAKER Annul & La tach	24. Wes disease or injury in any way related to occupation of deceased?
(Address) further form facing	(Signed) Shug / Structural M. D.
20. FILED 10 33, 19 Registrar.	(Address) Literalana M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Į.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	es Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WIREAU V.S.	1			
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TRECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. properly classified. FOR BINDIN A PERMAN TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINE V. S. No. 1 ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04871
1. PLACE OF DEATH	46
County Dalting	Registration Dist. No. 442
Village or City Relay	No. Hazel & Magnolia and St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residance in city or town where daath occurred 20 yrs	
2. FULL NAME Mary & You	Lluop
(a) Residence: No. Hazel & magnolia Ar. Relay	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Truck Whoy OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of William H Gauthurp J.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mary 10.1853	Mast saw h. A. alive on may 5 1932; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at/
79 11 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) New York (State or country)	Other Contributory Causes of importance:
	Uluma Mys Caracos 1751
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Nama of operation
15. MAIDEN NAME Fettia Lees	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) ————————————————————————————————————	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Mand Ginnerman (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place The Clase Date May 10-, 1933	Mannar of Injury Natura of injury
19. UNDERTAKER Margarel S. Flynger (Address) 2107 N. Helton S.	24. Was disease or injury in any way related to occupation of decaased? W
20. FILED May 10, 19 33 Al Male Registrar.	(Signed) Walltonge, md. M. D.
If more blanks are moded address Costs Devision	N Chala Cara Palina Panara Ti C N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy S A 11 VI all	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MECEINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

PHYSICIANS should state FRECORD. Every item of infor-Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEAR Mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN

V. S. No. 1 N. B.—I

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 04872
County Daltamine	Registration Dist. No. 38
Village or City Lowsow.	No. St., Ward [f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Laural Mutchell (a) Residence: No. Presby terrane Home (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Junale 4. COLOR OR RACE OR DIVORCED (write the word) Sungle	21. DATE OF DEATH (Modifi) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from 1933 to May 24 1933
6. DATE OF BIRTH (month, dey, and year) Mch, - 1852	I lest sew here alive on May of 1933; deeth is seld
7. AGE Yeers Months Days If LESS then	to heve occurred on the date steted above, etm.
8/ 2 - 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:
8. Trede, profession, or perticuler kind of work done as SPINNER	Date of other
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Wraema 5/20/83
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
o this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Hardned leo	Dther Contributory Causes of importence:
(Stete or country) mal	elipertes Clir. uns
13. NAME Shadrock (E. Gilbert -	
14. BIRTHPLACE (city or town). It arrival 60	Neme of operation
(Stete or country)	What test confirmed diegnosis?
15. MAIDEN NAME Elizabeth Nesson	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Clinabeth Messon 16. BIRTHPLACE (city or town) 12 alls 100 (State or country)	Accident, suicide, or homicide? Dete of Injury, 19
E (Stete or country) Md	Where did Injury occur?
17. INFORMANT Susky terian Hone	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR BEMOVAL	Manner of Injury
Place De frel lene traffic may 9 6. 193	
19. UNDERTAKER This O mitchell v Sous	24. Wes diseese or injury In any wey related to occupation of deceased?
20. FILED May 26, 1933 Mr P. Bulter Registrat.	(Signed) Augustus P. M. D. (Address) Augustus Augustus
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEME	ENTS BY	PHYSICIAN
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. PHYSICIANS should state Exact statement of OCCUPA-Item of infor-PHYSICIANS Every VI RECORD. stated EXACT'L properly classified. A PERMAN BINDI ortificato FOR IS WITH UNFADING INK-THIS MARGIN RESERVED be AGE should be J. N. B.—WRITE PLAINLY, WITH UNFADING INK—TH mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may Coo inctry TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04877
1. PLACE OF DEATH	95-2
County Baltimore	Registration Dist. No. 6
Village or City Towson	No. Sheppard- Prott Hospital Gress, ds Wa
Length of residence in city or town where death occurred 44 yrsmos	f death occurred in a nospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME George Wesley Goodw	/
	ratts Hospitalard.
(a) Residence: No Entrance House, Sheppard Pro (Usual place of Abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Harried	21. DATE OF DEATHMAY 3 (Year) (Year)
a. If married, widowad, or divorced HUSBANO of (or) WIFE of Florence H. Goodwin	22. I HEREBY CERTIFY, That I attended deceased fr
5. DATE OF BIRTH (month, day, and year) Sept. 20. 1866	I last saw h. I.M. aliva on May 3 , 19 33; death is s
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated abova, at 12.30 pm.
66 7 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8 Trade profession or particular	Hypertens we arterisclush'c Date of one
sawyer, BDDKKEEPER, etc. Chief Engineer	Cardio- vas cular Disese ?
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, Sheppard-Pratt Hosp. 10. Oate dacased last worked at 11. Total time (years)	Cosonary Thrombosis 193
	Recurrent 11
this occupation (month and year) spent in this 44 occupation 44	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Baltimore	-
(State or country)	
13. NAME Vames Goodwin	
13. NAME James Goodwin 14. BIRTHPLACE (city or town)	Name of operation
(State of country) / 1674/and	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizy Bamber,	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mary law (State or country) Mary law (Accident, suicida, or homicida? Date of Injury, 19
10 - 11 - 11 - 11	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. T. H. Goodin (Wife) (Address) Stephany PMT Hosa	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR AEMOVAL	Manner of Injury
Place Baltimore Cem, Data May 6, 19 22	
GARY Sander & Sons Inc Seas & Sand	24. Was disease or injury in any way related to occupation of deceased? No
(Address) Baltimary St. & Proadway	If so, specify
20. FILED Mars 4 1933 UM. Pl Butler	(Signed) Wmffore & M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal-cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	1	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal-cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

r te r	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(13)) (148.4
Jo. 1	County Balline	Registration Dist. No.
item of should of OCC	Village or City Rausdowne hid	No. 2 1 9 V had Clue St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
20 4		ds. How long in U.S. if of foreign birth?yrsmosds.
D. Every SICIANS tatement	2. FULL NAME Lean Stoves	
J. E	(a) Residence: No. 2/4 Vaul aue	St. Ward.
RECORD. PHYSI Exact stat	(Usual place of abode)	If nonresident give city or town and State
RECC Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Way 22, 19333
ed T E	5a. If married, widewed, or diverced	
TDINAMENA A C T J	(or) WIFE of Robert W. Groves.	1 HEREBY CERTIFY. That I attended deceased from
BIN EX EX cla	6. DATE OF BIRTH (month, day, and year) Sefet 27 16 1873	I last saw han alive on May 22 , 19 3 3, death Is said
d d d	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.45 P.m.
FOR IS A P stated properly certifica	60 7 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular	acute Macuia Pate otonset
HIS pe pe pe of of	kind of work done, as SPINNER, Tousework C.	Chronic Arights Direare?
RV] ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	arterial hypertension ?
KK-KK-Sho		Muyo carapters Chrone ?
RESERVED G INK—THI GE should be that it may be ons on back of	10. Date deceased last worked at this occupation (month and year) year)	
2 4 2	12. BIRTHPLACE (city or town) Scoten, Com	Other Centributery Causes of Importance:
MARGIN UNFADI supplied. n terms, se	(State or country)	
MARGI UNFA supplied n terms, ee instru	13. NAME Grove Pearly	
MAL UNH U y sul ain t	14. BIRTHPLACE (city or town) State or country)	Name of operation Date of Date of
TI II	(court of country)	What test confirmed diagnosis? Character Was there an autopsy?
Y, WITH carefully H in pla	15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
Can Can	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
AINLY, Wide be careful bEATH in	Jun R. S. Sty Comman	Where did injury occur? (Specify city or town, county and State)
A B B A	17. INFORMANT (Address) 264 Third are	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Shoul Shoul	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Porrain a Date May 25, 1933	Nature of injury
-WRITE mation sl CAUSE, TION is	Men Cook	24. Was disease or injury In any way related to occupation of deceased? Lo
B.— B.— T.	19. UNDERTAKER (Address) 1217 Paul Paul	If so, specify J/J
N N	Marz 33 Haluk	(Signed) Manuarch Wheeler M.
> Z	20. FILES THE REGISTRESS TO SEE THE REGISTRESS TO SE THE REGISTRESS TO SEE THE REGISTRESS TO SE THE RE	(Address 29/0 Hallius Ferry RA
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Reguesting U. S. No.
		part of.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSI-

m

	PLACE OF DEATH
	County Baltmore
Vil	lage or City Chorney Mills, (NMd. Rosewer 2FULL NAME agnes) Growth
	PERSONAL AND STATISTICAL PARTICULARS
35	demale white Single. MARRIED. Wildowed. OR DIVORCED (Write the word) Ringle
6 D	DATE OF BIRTH Jan. 2, 1908 (Month) (Day) (Year)
7 A	
Jw pr	a) Trade, profession or Sumate, Rosewood articular kind of work Sumate, Rosewood (Seneral nature of industry State Graining usiness, or establishment in thich employed or (employer) School. RETHPLACE (State or country) Baltimore City, M. C.
1	10 NAME OF Seter Touch
ENTS	OF FATHER (State or country) Bullimore City, M.f.
PAR	OF MOTHER Mary Weber
1	OF MOTHER (State or Country) Balamore City, Med.
14 T	(Informant) Sustitution at Records. Rosewood State Training School
	(Address) Chinis mills, md

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

fif death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary Causing *State the Disease Death or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r," etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL repticuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondar) Chronic interstitiol nephritis, Whooping cough; Chronic valvulor heart disease; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menof as probably such, if impossible to determine definitely American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse." "Coma," "Convulsions, peritonoeum, etc., Corcinoma, Sorcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi or intercurrent) affection need not be ass important. Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH	8".6
1. PLACE OF DEATH	(31)	- 11
County Ballinore	Registration Dist. No. 38	
Village or City Gaskville	No. Ridge ave st	Ward
Length of residence in city or town where death occurred 3yrs, 2mos	death occurred in a horpise or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth? yrs. m	number)
2. FULL NAME Thomas Honley		
(a) Residence: No. Oriologe (Usual place of abode)	St., Ward. If nonresident give city or town and	l State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	19383
5a. If marriad, widowad, or divorced	(Month) / (Day)	(Yaar)
HUSBAND of Martha Jane Houley	22. HEREBY CERTIFY, That I attanded	deceased from
10 11 161	Cinquist 1932, 10 May 7	1902
6. DATE OF BIRTH (month, day, end year) Lec. 24, 1860 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2.35/4 m.	_; death is said
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
12 4 13 1 day,hrs.	wera as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Machine SAWYER, BODKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL. B. & P. R. SAW MILL, BANK, etc. 10. Date decessed last worked at this preparation (month) and the same is a bis in this preparation (month) and the same is a bis in the same is a bi	71	
Industry or business in which work was done, as SILK MILL BY D. P. R.	Ourous missing	years
SAW MILL, BANK, etc.	mysmus mone	age
1D. Date decessed last worked at this occupation (month and pear) year)	Cerlbral arteriaschrosso	Lyear
VIS Of .	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Sallund		-
13. NAME The Same	apoplexy	- May 1/33
I I I I I I I I I I I I I I I I I I I	0	
14. BIRTHPLACE (city or town) (State or country)	Nama of oparationDate of	
V 1 2	What test confirmed diagnosis? In a subject was there an a	autopsy?
15. MAIDEN NAME	23. If daeth was due to external causes (VIDL ENCE) fill in also the following	:
26. BIRTHPLACE (city or town) (State or country) (State or country)	Accidant, suicide, or homicide? Data of injury Where did injury occur?	, 19
17. INFORMANT & durandy I. Honky	(Specify city or town, county and Stat Spacify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION OR REMOVAL Place Carelawa Com. Data May 10, 1933	Manner of injury	
19. UNDERTAKER Margaret & Flynn - (Addrass) 1422 Leght ST	24. Was disease or Injury in any way related to occupation of dacaased?	по
20. FILED May 8, 1333 a. M. Bacon Registrar.	(Signed) G. M. Bacon (Addrass) Carbville Ma	M. D.
Keginrar,	(MUU1033)	K-1

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example: I	8:11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 601 87	Q 1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THO THE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND

PLACE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective cf cupation is very important, so that the relative healther," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The materia

Statement of Cause of Death—Name; first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopagumonia ("Pneumonia,"

accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uracmia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephritis, etc. The contributory The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WITH UNFADING INK-THIS IS A PERMANEAT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PLAINLY. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH U4878
1. PLACE OF DEATH	(59)
County Ballo	Registration Dist, No3
Village or City Keestustoon Md	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME & lsie Harrisa	
(a) Residence: No. Rustentown md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
Female Colored Mi Circle (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That to Atended deceased from
(or) WIFE of Jours & Harrison	Upril 2 1933 to april 30 1933
6. DATE OF BIRTH (month, day, end year) May 10 1879	I last saw h. A alive on April 30 , 1933; death is seid
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
53 11 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Q pf ppf
9 Industry or business in which	Travers mellillo
work was done, as SILK MILL, Housewife	
11. Total tiefe (years)	
year) 1974 occupation Lagra	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
A A	Cravene coma
13. NAME (John Males 14. BIRTHPLODE (city or town). Anne Aundle	Name of operation.
(State or country)	What test confirmed diagnosic Description Was there an autopsy?
15. MAIDEN NAME Sarah Brudey 16. BIRTHPLACE (city or town). Anne Arustel Co	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) anne and Counted to	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Jours & Harris on (Address) Rustintown Md	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL PIECE St Julius Cem Date May 3, 1933	Menner of injury
19. UNDERTAKER J Gl lim & Sons	24. Was disease or Injury in any wey releted to occupation of deceased?
20 FILED In y 2 1933 Ayrostade	(Signed) Annu M. D. M. D.
Registrar.	(Address) Restefftown mod

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V DATE OF	. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imporbant. See instructions on back of certificate. TT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMAN N. B.—WRITE PLAINLY

y

STATE OF MARYLAND	-CERTIFICATE OF DEATH (148"9
1. PLACE OF DEATH	93-6
County Daltimore	Registration Dist. No. 4
Village or City Relag	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
D [] 1	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Dertha Dawk	ns
(a) Residence: No. Manua Taglet (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vortice the word) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vortice the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Um. 16. pawkins	22. I HEREBY CERTIFY, That I attended decesed from
6. DATE OF BIRTH (month, day, and year) / 883	I last saw helive on
7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted above, at 12.30 m.
50 1 1 dey,hi	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. House Mife	
SAWYER, BDDKKEEPER, etc.	To had for
work wes done, es SILK MILL, SAW MILL, BANK, etc.	of popular
kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) occupetion	pudden dealt
12. BIRTHPLACE (city or town) Cooksville	Other Coatributary Causes of importance:
(State or country) Howard & Ma.	Mus Cardial describeding
13. NAME Paniel White	
13. NAME Paniel White 14. BIRTHPLACE (city or town) Unknown	Neme of operation languaged Dete of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Unknown	23. If deeth wes due to externel ceuses (VIDLENGE fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19
∑ (State or country)	Where did injury occurs
17. INFORMANT Um. H. Dawking (Address) Relay Md.	Specify whether mighty occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL (Bush Bark)	Manner of injury Consult
Place copsvelle Date May 12,19	Neture of Injury
19. UNDERTAKER Sarp + Stiffler (Address)	24. Was disease or injury In any wey releted to occupetion of deceased?
20. FILE May 11 1833 Stuffel Registrar.	(Signed) Les Fred an grims
	ar. 2411 N. Charles Street, Baltimore. Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Date of onset	The mineral enemy of Beath and and a	
Duit 01 011361	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	KECEWED	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

BINDING	
FOR	
RESERVED	
MARGIN	

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
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1. PLAC	E OF DE	ATH			(108)	111951
County	Balti	more			Registration Dist. No.	A3000
		city or town where		(li	No. St., f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs.	Ward d number)
		Jacob H			0.0000000000000000000000000000000000000	11103
		MillDam		of abode)	St., Ward. If nonresident give city or town as	nd State
PERS	SONAL A	ND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male		or or RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Way (Month) (Day)	, 193 3 (Year)
5a. If married, HUSBAND (or) WIFE	widowed, or di of Al	vorced nnie Hei:	nkle		22. I HEREBY CERTIFY. That I attende May 102 1923 to may 52	
6. DATE OF BI	RTH (month, d	lay, and year) "T	une 15	1874	4	death is said
7. AGE	Years 58	Months	Days 21	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12.15 A m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	•
OLA 9 Industr	v or business	e, as SPINNER, SEPER, etc	Superint		Lobor Pnemuonia	Oate of onset
	eceased last was occupation (m	vorked at month and	II. Total t	Brick Co. ime (years) nt in this upation	Other Contributory Couses of Importance:	
	r country)		Md.			
13. NAME	Frede	erick Hei	inkle			
1. 1	PLACE (city or ate or country)		Not Know	m	Name of operation Date of What test confirmed diagnosis? Was there are	
15. MAIDE	N NAME	No	t Known	1	23. If death was due to external causes (VIOL ENCE) fill in also the following	
	PLACE (city or ate or country		Known		Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
		e Heink dam Rd		r.s Run	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ete) LACE.
18. BURIAL, CR	EMATION, DR	REMDVAL		8,19.33	Manner of Injury	
19. UNDERTAK	0 -	Mille 34 Jeffe	son	27.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED M.O.	y ?	,1937ph	y Br Con	Registrat	(Signed) Colob NAthery (Address) 100 S. Patterson Partic a	M. D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDI

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

meded, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Ward

(Yeer)

Date of onset

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 418 3 1934	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
WITKEAU V. S.		(9.1.)	
	7	,,3.	ALC: NO
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostraenteritis 3	1 year

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. BINDI FOR MARGIN RESERVED mation should be carefully supplied. AGE should be B.—WRITE PLAIND ż

V. S. No. 1

1. PLACE OF DEATH County Village or City	(14832) (14832) (14832) (14832) (14832) (14832)
/ Village or City Head a	Posistantian Dist. No. 9 3.6
	Registration Dist. No.
	No. St., Ward
Length of residence in city or town where daath occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) s ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Plusa Que IJ	(J.)
	HCCO
(a) Residence: No. (Univ place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH 4 - 3/
Tomale Wille Widowed	(Month) (Day) (Year)
5a. If marriad, widowad, or divocced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaasad from
(W) MITE OF	Jan 1933 to may 1933
6. DATE OF BIRTH (month, day, and yaer) Cipul 18, 1849	Cost saw h. elive on may 2877 1933; death is seid
7. AGE Yaars Months Days If LESS than	to hava occurred on the dete stated ebova 67.3 8 m.
84 / / 13 1 dey,hrs.	were as follows.
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, atc	Date of onset
9 Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	asterno Setureis
11. Total time (yaers) this occupation (month and	muno veames
year) occupation occupation	Dthar Contributory Causes of importance:
12. BIRTHPLACE (city or town) Balto G. M.d.	the contract of this portaine,
(State or country)	Ciculo dellation) heart
14. BIRTHPLACE (city or town). manyland	
4. BIRTHPLACE (bify or town)	Name of operation Data of
	What test confirmed diagnosis? Was thara an autopsy?
	165. If death was dua to external ceuses (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
M. · · · · · · ·	Where did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	openity whather charge courses in the bost ki, th nome, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place My Currel Date June 7, 1933	Natura of injury
19. UNDERTAKER Wm. C. Buden down	24. Was diseasa or injury in any wey ralated to occupation of daceased?
(Address) Sparly nd.	If so, specify 13 1115
20, FILED June 1 , 19.33 mly Bolins	(Signed) M. D.
Registrar.	(Addrass) Augusting V. S. No. 1.

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ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH ,	9200
County Daltimor	Registration Dist. No.
Village or City Catonserle of	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	.24 ds. How long in U.S. if of foreign birth?
2. FULL NAME UM a AK 60	A.
(a) Residence: No. Gone wit - Ch	sices who menty and
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white widower	9 (Mg/th) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Kenkingon	apr 8 4 1933 to Man 34 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h Line alive on Man 3 7 , 1933; death is said
7. AGE Years Months Days / If LESS than	to heve occurred on the date stated above, et 6.45A.m.
79 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (month and	CKr Endr Carditra 24d
10. Oate deceased lest worked at 11. Total time (years)	
this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Cautributary Causes of Importance:
(State or country) Md	asserie-Scherpis 24d
I 13. NAME Won Higgs.	
13. NAME CON Higgs. 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Masgaret Nettle	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT My Man Road Claughte	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I Dete 9 5 339	Nature of Injury
19. UNDERTAKED Shakes A Change of Control of	24. Was disease or Injury in any way related to occupation of deceased? 920
(Address)	If so, specify
20 EUED 5/2	(Signed) Color & Garrett M. D
20. FILED	(Address) Consolla ma
If many Audit land and Printers	Terr N. Charles Street Relimons Promoting (7) S. No.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	17-11-
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH infor OCCUPA-1. PLACE OF DEATH Jo Registration Dist. No. should County item Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?____ Length of residence in city or town where death occurred o RECORD. Every statemen If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 193 (Year) classified 5e. If married, widowed, or divorced CERTIEY, That I ettended deceased from HUSBAND of EREBY (or) WIFE of H certificate. Months Days If LESS than to have occurred on the dete stated above, at 7. AGE properl Years 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importence .30 10 or____min. were as follows: Date of onset 8. Trede, profession, or particular OCCUPATION kind of work done, es SPINNER, RESERVED Jo SAWYER, BODKKEEPER, etc ... 9 thdustry or business in which work was done, as SILK MILL, back may plnous SAW MILL, BANK, etc 11. Total time (years) 10. Date deceased lest worked et this occupation (month end spent in this that occupation -Cur instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FAT See 14. BIRTHPLACE (city or town) H (State or country) Was there an autopsy?____ What test confirmed diagnosis? plai carefully OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury ______, 19____ OF DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur?. pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, pluods Menner of Injury WRITE CAUSE mation Nature of injury. TION 24. Was disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify 20, FILED. (Address) Registrar. addre State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows?	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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-	4			
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PHYSICIANS should state r RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. WITH UNFADING INK-THIS IS A PERMAN See instructions on back of certificate. mation should be carefully supplied. AGE should be TION is very important. N. B.-WRITE PLAINE

MARGIN RESERVED FOR BINDIN

V. S. No. 1

1. PLACE OF DEATH County Ballucus And State Ward Leagth of residence in city or town where death occurred I 1/7/15. Leagth of residence in city or town where death occurred I 1/7/15. Leagth of residence in city or town where death occurred I 1/7/15. Mark 2. FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SNGE, MARKED, WHOWNED, OR DIVIDICED Curric the word) 5. If married, videwed, or divorced word or divorced with the word of the city of the common of the city of the common of the city of the common of the city	STATE OF MARTLAND	CERTIFICATE OF DEATH 04836
Village or City Cauchallation (II death occurred in a boptial or inatistics, give in NAME instead of street and number) Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 2. FULL NAME Track Cluster of the Clustiplace of shock? PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON BUYONCECT Conviction word in an interest of the city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON BUYONCECT Conviction word in a shoptial give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON BUYONCECT Conviction word in a shoptial give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON BUYONCECT Conviction word in a shoptial give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON BUYONCECT Conviction word in a shoptial give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON BUYONCECT Conviction word in a shoptial give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SINCLE PARTICULARS 4. COLOR OR RACE ON BUYONCECT Conviction word in a shoptial give city or town and State PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE ON BUYONCECT Conviction word in a shoptial give city or town and State PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE ON BUYONCECT Conviction word in a shoptial give city or town and State 1. SALE OF BERTH (month, day, and year) 1. SALE OF BERTH (month	1. PLACE OF DEATH	
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2. FULL NAME (a) Residence: No. Randally Shire (Inablate of abody) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, ON TOWN ON TOWN AND STATISTICAL PARTICULARS 5. If married, widowed, or divorced (Year) 6. DATE OF BIRTH (month), day, Maryer) 7. AGE 8. Trade, profession, or particular shirt of word) 8. Trade, profession, or particular shirt of word or words and shirt of	Co- Of	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Cauda (Caudace abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR OF INTERCACE OF DEATH 21. DATE OF DEATH 53. If married, widowed, or divorced WISSAND OR OF THE COLOR OF RACE (by) 6. DATE OF BIRTH (month, day, now yeer) 7. AGE 8. Trade, profession, or particular 8. SAVER, BOUNKEEF, etc. 9. Industry or business in which 9. SAVER, BOUNKEEF, etc. 9. A Industry or business in which 9. SAVER, BOUNKEEF, etc. 9. A Industry or business in which 9. Industry or busi	Length of residence in city or town where death occurred 2 - yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
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3. SEX 4. COLOR OR RACE OR ON OVER COLOR (with the word) OR OVER		St., Ward. If nonresident give city or town and State
DATE OF BIRTH (month, day, said yeer) 5. DATE OF BIRTH (month, day, said yeer) 7. AGE Years Month Days If LESS than J day Ariz or min. The PRINCEAL CAUSE OF DEATH and related causes of importance were as follows: Date of work done as SPHNER, SANTER, BORKEFER, etc. SANTILL, BARK Ed. S	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. Lift married, vidowed, or divorced HUSBAND OF CONTINUED OF CONTINUE	OR DIVORCED (write the word)	May 18, 1933
6. DATE OF BIRTH (month, day, shed yeer) 7. AGE Years Month Days If LESS than I day,	5a. If married, widowed, or divorced	
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Month Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular SAWER, BDOKKEPPR, etc. 9. Industry or business in which work was done, as SPINNER, SAWER, BDOKKEPPR, etc. 9. Industry or business in which work was done, as SILK MILLO ARM, etc. 10. Date deceased last worked at year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Was there an autopsy? 15. MAIDEN NAME ALLO COUNTY 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT LARLY 18. BIRTHPLACE (city or town) (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. Mary or country 10. State or country 11. Total time (years) specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURLAL, CREMITION OR RENDVAL Place 19. Total time (years) specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Cigned) 19. Mary or injury Nature of injury N	(or) WIFE (as a V free me	
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20. FILED May 18 1933 M. M. D. Registrar. (Address) Pary allelow M. D. (Address) Pary allelow M. D.	Beauth	
20. FILED May 18- , 1933 M. M. D. Perfer (Signed) Registrar. (Address) Carefallelown Tref.		
20. FILED	ma (= 23) 2 1 /3 13	4 4 11 -
		17.12 010 2

CEDTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis 10	3 days ago
		DA DAS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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			34	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN N. B.—WRITE PLAINLY

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(488)	1
County Baltimore	Registration Dist. No. 33	
Village or City Owings mills	No Rosewood State Training School	Ward
Length of residence In city or town where death occurred.	death occurred in a horpital or institution, give its NAME instead of street and number)
		ds.
2. FULL NAME Charles withony	Yones .	
(a) Residence: No. 2829 Brendon ave 5736. (Usual place of abode)	Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE ON DIVORCED (write tha word)	21. DATE OF DEATH	~
Single	133	ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaasa	d from
(3), 11120	May 23 ,1933 to may 28 ,19	83
6. DATE OF BIRTH (month, day, and year) Sept 21, 1910	I last sawh alive on may 28 1933; death	ls sald
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 3:300 m.	
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	of oneet
8. Trade, profession, or particular hind of work done, as SPINNER, State 1 saming	you you	mac.
Industry or business in which	Augrofituation B	rth
SAW MILL, BANK, atc. Mills, Mil	ticule Infections 6/2	3/33
	Cholecyotitis	
yaar) occupation occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) / Saltamore, Ind. (State or country)		
T	Name of operation World Date of James	
14. BIRTHPLACE (city or town) Baltumore and (Stele or country)	What test confirmed diagnosis? Clinical Was there an aulopsy!	
15. MAIDEN NAME annie Blume	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Baltimore, End	Accident, suicide, or homicide? Date of Injury	4
(State or country)	Whare did injury occur?	
17. INFORMANT Institutional Records (Address) School Downson	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
PlaceMarine Cempet May 29, 193)	Nature of injury	
19. UNDERTAKER Chas & Flack	24. Was disease or injury in any way ralated to occupation of dacassed? 200	
(Address) 742 CM Nouvilouse,	If so, specify	
20. FILED Way 28, 1933- H. U. Slade.	(Signed) Genge (o) medany	M. D.
() Registrar.	(Address) Owngo millo mil	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			41-12-13	

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods Baltimore Registration Dist. No. No. East Ave. S. of Holabir St., Ave. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Colgate Unknownos. ds. How long in U.S. if of foreign birth? Length of residence in city or town where death occurred. PHYSTELLN 2. FULL NAME PECORD. AV. S.OF HOLABIRD AV.St., (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) May Male White dower CTL 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I ettended deceesed from (or) WIFE of Kunigunda Kaiphas. 1857. June 1 certificate. 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, a A Mam 7. AGE Days If LESS than 1 day, hrs. or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc may Andustry or business in which work was done, as SILK MILL plaods SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 11. Total time (years) this occupation (month and spent in this occupation ... instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) Unknown 13. NAME 14, BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis? ______ __ __ __ __ __ __ ___ MOTHER Unknown very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19_____ 16. BIRTHPLACE (city or town) ___ Germany (State or country) should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) East Av. S. of Holabird OF 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Place Sacred Heart Cembete May 15 19 33 mation Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify 20. FILED If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Cereurat nemorrhage			
	Special Control		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PHYSI-

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 3 Z St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
Registration Dist. No. 32 St.: Ward) (If death occurred In a hospital or institution, give its NAME in stead of street and
St: Ward) (If death occurred ling hospital or institution, give its NAME instead of street and
tion, give its NAME it stead of street and
MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH May 9 , 1983
May (Month) 9 (Day) 1933 (Year) I HEREBY CERTIFY, That I attended the deceased from
Teb 27 1933. to May 9, , 1933.
t I last saw har alive on May 8 , 1933
CAUSE OF DEATH * was as follows:
Contributory Arterios Clessars Mygearches Secondary Laufficher Ly (Durstion) 2. yrs mos de
ned) Joseph W. Ketzky M.D.
*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accideatal, Suicidal or Homicidal.
LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ents or Recent Residents) place In the State yrs mos disease contracted
ere was disease contracted, ot at place of death? ner or al residence
PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Har Sinai Cem. May 11 , 19 33
UNDERTAKER ADDRESS
nei al i

S. No. 1.

04839

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery: man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway traincarbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, (Recommendations on statement of cause of death Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1933

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?________mos._____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Yeer) EBY CERTIFY. That I ettended deceesed from Date of onset (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Registrar.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
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A CONTRACTOR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

properly classified, Exact Every Item of information, should be carefully supplied AGE should be stated EXAC. CIAMS should state CAUSE OF DEATH in plain terms so that it may be probely classitatement of OCCUPATION is very important. See instructions on back of certificate. <u>m</u> FOR S supplied --THIS MARGIN RESERVED WITH UNFADING INK-8 2

11	20	04891
	PLACE OF DEATH	STATE OF MARYLAND
1	County Dallingre.	(3) CERTIFICATE OF DEATH
		Registration Dist. No. 44
1	Village or City Juddle Shuff (No. She 2FULL NAME Parles William	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, MILOWED. WILLOWED. (Write the word)	16 DATE OF DEATH May 24, 1:33
-	6 DATE OF BIRTH (Month) (Day) (Year)	May 24 1933 to May 24 , 1933 that I law haw have alive on May 24 , 1933
	7 4 yrs mos. 30 ds. ormin.?	and that death occured on the date stated above, at
1	(a) Trade, profession or particular kind of work (b) General nature of industry C + P. telephore to business, or establishment in which employed or (employer) 9 BIRTHPLACE	Contributory Callette (Contributory Callette (Contributory Callette (Callette)
	(State or country) Ballings Ballings. 10 NAME OF FATHER Unknown	(Signed) (Duration) yis mos ds (Signed) Alle (Signed) M. D
	OF FATHER Z (State or country) W 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yis
	(Informant) The BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death? Former or usual residence
	15 File May 2 4 1923 John Growlle Registra	20 UNDERTAKER Cook 1217 If Peuls
-	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer. Stationary framan, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, Physician, Compositor, Architect, Locomolive engineer, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servoul, Cook, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emyrs). Farm loborer, (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. Laborer-Coal mine, etc. Womperson, irrespective of As examples : (a) The material Groccry;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebros simul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"PUERPERAL septicuemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) allection men discuse use of "Tumor" for malignant neoplasms); Musica; (name origin; "Cancer" is less definite; avoid inges, perilonueum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Exhaustion, 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping tchunus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilway troinand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) approved (Recommendations on statement of cause of death "Atrophy," "Collapse." "Coma," "Convulsions, by Committee on Nomenclature of the cough; "Congenital," "Senile," etc.), "Dropsy;",
""Heart failure," "Haemorrhage," Chronic etc. valvular heart The contributory Sarcoma., etc., of

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CHAIR AS MAN CO.

(If death occurred in a hospital or institution, give its NAME in stead of street and

number.)

STATE OF MARYLAND

In the

State.....yrs.....mos...

PLACE OF DEATH

ESERV MARGIN

(Approved by U. S. Census 2nd American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as &crvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an "," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal minc, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, (6) The ques-Grocery;

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STATE OF MARYLAND-CERTIFICATE OF DEATH state RECORD. Every item of infor-OCCUPA-1. PLACE OF DEATH pluods Jo PHYSICIANS Length of residence in city or town where deeth occurred statement (a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED. OR-DIVORCED (write the word) 3. SEX 4. COLORTOR RACE classified. 5a. If married, widowed, or divorced FOR BINDIN HUSBAND of PERMAN C (or) WIFE of × H certificate. 6. DATE OF BIRTH (month, day, and years) properly Days 7. AGE Years Months stated 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION MARGIN RESERVED be pe Jo SAWYER, BOOKKEEPER, etc.___ Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back should it may Date deceased last worked at this occupation (month end 11. Total time (years)
spent in this instructions on AGE so that occupation UNFADING 12. BIRTHPLACE (city or town) supplied. (State or country) CAUSE OF DEATH in plain terms, FATHER See 14. BIRTHPLACE (city or town (State or country) mation should be carefully MOTHER Ant. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) -WRITE PLAINLY (State or country) 17. INFORMAN very TION 19. UNDERTAKER (Address) S. No. Б

	432	4833
	Registration Dist. No.	0
	No. St.:	Ward
(16	death occurred in a hospital or institution, give its NAME instead of street an	d number)
/mos	ds. How long in U.S. if of foreign birth?yrs	mosds.
100	1 -	
mag	· · · · · · · · · · · · · · · · · · ·	
oad	St., Ward.	
le)	If nonresident give city or town a	
ARS	MEDICAL CERTIFICATE OF DEATH	
WIDOWED.	21. DATE OF DEATH	.5
e the word)	(Month) (Day)	(Year)
	·	(1001)
	22. I HEREBY CERTIFY, That I attend	ed deceased from
	March 20, 1933, 10 May 2	6 1933
0617		3.; death is said
07	1 1 200	, death 13 said
LESS than	to have occurred on the date stated above, al. 3m.	
min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	Date of onset
1-3(-4)		
<i></i>	Tohronic myscardilis	Befor
		19030
ears)		
is		
	Other Contributory Causes of importance:	
	Tholecyslilis	Marc
		1983
	Name of operation Date o	f
101.	What test confirmed diagnosis? Was there	
w	23. If death was due to external causes (VIOLENCE) fill In also the follow	ying:
	Accident, suicide, or homicide? Date of Injury	, 19
	Where did injury occur?	
	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	State)
······	Specify whether injury occurred in 14000141, in 170112, or in 700010	- LNOL
9 ,1933	Menner of Injury	
1950	Neture of injury	
Tons	24. Wes disease or injury In any way related to occupation of deceased?	710
2	If so, specify	
	(Signed) G: M. Bacone (Address) Parkeille	
Registrar.	(Signed)	

1.16.150

1 day, ... or min.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example IV		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis FAT	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

7. PHYSICIANS should state Exact statement of OCCUPA-T RECORD. Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. A PERMAN FOR BINDIA WITH UNFADING INK-THIS IS MARGIN RESERVED mation should be carefully supplied. B.—WRITE PLAINL V. S. No. 1

ż

1. PLACE OF DEATH	
de la	ion Dist. No. 3
Village or City Slandon No.	St., Ward
(If death occurred in a horpital or institution, give its NA	AME instead of street and number)
Length of residence in city or town where deeth occurred	?ds.
2. FULL NAME Claylon to sure	
(a) Residence: No. 18 43 Or expression of Tables, and Ward. (Psual place of abode) If nonresidence:	dent give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICA	TE OF DEATH
3 SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WHOOWED, OR DIVORCED (write the word) (Month)	7 5 , 193 3 (Year)
5a. If married, widowed, or divorced	
(or) WIFE of and 22. I HEREBY CERT I	IFY, That I attended deceesed from
()	2 4 19 3 death is seid
6. DATE OF EIRTH (month, day, end year) how less than less sew h. Caralive on	1 A m
7 9 1 1 dey, Tris. The PRINCIPAL CAUSE OF DEATH and related of	causes of importance
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	may 20
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and	1833
SAW MILL, BANK, etc	
this occupation (month end v spent in this vear) occupation	
Other Contributory Causes of importance:	
(State or country) (State or country)	75
	7
13. NAME & Clian Dan Jane Name of operation	Diagram
14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?	
15. MAIDEN NAME 23. If deeth wes due to external causes (VIOL ENCE	
15. MAIDEN NAME 23. If deeth wes due to external causes (VIOL ENCE 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?	
(State or country) have the wife did injury occur?	
17. INFORMANT he Itary occurred in INDUSTRY, in	y or town, county and State) n HOME, or in PUBLIC PLACE
(Address) Sandy had	
18. BURIAL, CRAMATION, OR FEMOVAL.	
Place vied on lark Date may 2, 19 33 Nature of Injury	
19. UNDERTAKER 1. 9 June 19. UNDERTAKER 24. Was disease or injury in any way related to oc	ccupation of deceased?
(Address) The House If so, specify If so, specify	
20. FILED may 25th 1933 N. 722, Slands (Signed) 19. M. Slands	M. D.
Registrat. (Address) Perstant	one

STATE OF MADVIAND_CEDTIFICATE OF DEATH



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal coase of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerost	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on hack of cartifacts. N. B.-WRITE PLAINLINGVITH UNFADING INK-THIS IS A PERMANA

MARGIN RESERVED FOR BINDING

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 648	95
1	1. PLACE OF DEATH		40
/	County Ballo	Registration Dist. No. 3)
	Village or City Carkelou (P. D)	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
		ds. How long in U.S. if of foreign birth?yrs,mos	
	2. FULL NAME Frank Para Lewis	•	
	(a) Residence: No. Parklay Med R. &	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and S	itate
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR OIVORCEO (write the word) While While Nearries	21. DATE OF DEATH (Month) (Day)	193.3 (Year)
	58. If married, widowed, or divorced HUSBAND of (or) WIFE of Corume Hoofer Ceurin	22. I HEREBY CERTIFY, That I attended do	eceesed from
	6. OATE OF BIRTH (month, day, and year) May 10.1857	last saw h. alive on 9 1935:	death is said
Car	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 1,20A m.	
	76 - 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	
01 001	2 Trade profession or particular	Stight Conclud Hemandy	Date of onset
Dack	SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as STINNER, SAWMILL, BANK, etc. O Dete deceased last worked at this occupation (month and this pocuration (mont	Hypostolic mounia	my 16/
IIS CII	10. Oete deceased last worked at this occupation (month and 4/1933.	Other Contributory Causes of importance;	
ruction	12. BIRTHPLACE (city or town) Balls Co. (State or country)		
ISC	# 13. NAME John Therry Lewis		
1 226	13. NAME John Therry House	Name of operation Date of	
	(State of country)	What test confirmed diagnosis? Was there an au	topsy?
A Land	16. BIRTHPLACE (city or town) Baltimore	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury	
ry imp	17. INFORMANT An New Ewin (Address) 3004 h. Calvert Sheet Folts Wel	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.	CE.
IS ve	18. BURIAL, CREMATION, OR REMOVAL Greggemont Cemetery Date May 23, 1933	Manner of injury	
1011	19. UNDERTAKER Paul II Transactions (Address)	24. Was disease or Injury In any way related to occupation of deceased?	
	20. FILED 1933 Physics of Fellow	(Signed) Lerry (Address) Armony C	M, D,
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

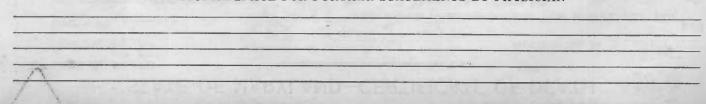
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN



MARGIN RESERVED FOR BINDI

V. S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	—— 47 GARW	·c-
County Baltimore	Registration Dist. No.	0
Village or City EUDOWOOD SANATORIUM, TOWA	ON NO. The state of the state o	Ward
(a) Residence: No. 733 W Marty abe (Usual place of abode)	St., Ward. Ballinuse Med If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
14. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (193)	3 Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jenny R Locarel	22. A HEREBY CERTIFY That I attended decease 22. 1933. to May 2 1	sed from
6. DATE OF BIRTH (month, dey, and year) - May 25-1882	i last saw har alive on Mag 1, 19.3.3, 19. deat	th is sold
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 3.200 . C.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular kind of work done, as SPINNER	Cardiac insufficients and Date	of onset
SAWYER, BUUKKEEPER, etc.	failure - Mysearditis, Se	renge
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	/ ····································	cares
0 10. Date deceased last worked at this occupation from the modern than the spant in this occupation that the spant in this occupation than the spant in this occupation that the spant is the spant in this occupation that the spant is the spant in this occupation that the spant is the spant		
12. BIRTHPLACE (city or town) Branklyn, 11 4 (State or couptry)	Other Contributory Causes of Importance: Syspectual Carpinama 9 5	n. 6
II 13. NAME Lewis Gefford	more una surge n	ina
13. NAME Lewis Seffers 14. BIRTHPLACE (city or town) Brokelys. H. G. (Stete or country)	Name of operation Manaceuletia Date of 5-1 What test confirmed diagnosis? X-7449 Was there an au ops	1.
15. MAIDEN NAME Mary Pierron	23. If death was due to external causes (VIOLENCE) fill in also the following:	11002000
15. MAIDEN NAME Mary Princer 16. BIRTHPLACE (city or town) Baston Mast (State or country)	Accident, suicide, or homicide?	19
Hospital RecordsPersonal History 17. INFORMAN LUDOWOOD SANATORIUM, TOWSON, MD,	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18, BURIAL, CREMATION, OR REMOVAL PIece Louden Cark Date May 3 , 19.33	Manner of Injury	
19. UNDERTAKER William Cook (Address) / 217 St Caul Sta	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED May 3 , 1983 OFW P. Buller Registrar.	(Signed) All Company (Ardress) Eugowood San Towson, Md	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo	
	8			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 yeor	
		The sales of		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(alorm)
County Baltimore	Registration Dist. No. 93
Village or City Fullerton (If	No. Belair Road St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Helen B. McAllister	
(a) Residence: No. Fullerton, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) Widowed	21. DATE OF DEATH May 27th , 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar A. McAllister	22. I HEREBY CERTIFY, Thet i attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Feb. 29, 1889. 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs. orhrs.	I last saw h elive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this secupation (month end spent in this	Broken neck
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Baltimore (State or country) Md.	Street he a to while
置 13. NAME Wm. G. Blakeley	nalking of Belan Rd.
14. BIRTHPLACE (city or town) Balto. (State or country) Md.	Neme of operation Date of What test confirmed diagnosis? Planned 'Was there an eu'opsy?
置 15. MAIDEN NAME Sarah L. Smith	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Sarah L. Smith 16. BIRTHPLACE (city or town) (State or country) Virginia	Accident, suicide, or homicide? Accident Date of Injury 5/27, 19 3 3 Where did injury occur? Blank A Silve France (Specify city or town, county and State)
17. INFORMANT Mrs. H. Kelley (Address) Fullerton, Md.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury fluts Washers
Place Baltimore Cem. Date May 30, ,,1933	Nature of Injury Truitment Week with cord.

N. D. Registrar.

If so, specify

(Signed)

Road

lair

5/29.

24. Wes diseese or injury In eny way related to occupation of deceased?

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis BUREAU	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUN 3 1933				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DDITIONAL	DITIONAL SPACE FOR	FURTHER STATEMENTS	BY PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Everytiem of infor-MARGIN RESERVED FOR BINDIN

V. S. Mo. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(1489)	8
County Sallework	Registration Dist. No.	0
Village or City atousillo	No. 60 S. Deechword WE st.	Ward
7 (1)	death occurred in a horpital or institution, give its NAME instead of street and number	1)
Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign birth? yrs. mos.	ds.
2. FULL NAME Cra-Cenna	MEEK.	
(a) Residence: No. 6 S. Beechword CWE	St., Ward.	
(Usuai place of abode)	If nonresident give city or town and State	nous disposes
PERSONAL AND STATISTICAL PARTICULARS 3.657 4. COLOR OF RACE 2 5. SINGLE, MARKIED, WIDDWED.	21. DATE OF DEATH	
Temale Where OR DIVORCED (write 16 word)	May 16, 193	3 Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceas	ed from
(ii) WIE II Collana N.	December 26, 1932 to May 16, 1	
6. DATE OF BIRTH (month, day, and year) 2/2/859	I last saw h. er alive on May 16, 0. 19. 33, deal	h is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at J. J. S. J. m.	
3 6 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	4
8. Trade, profession, or particular kind of work done, as SPINNER	Arteriosclerosis	ofonset
SAWYER, BOOKKEEPER, etc. Prouse swife.	Myo-Carditis	2
kind of work done, as SPINNER Coulse wife. SAWYER, BOOKKEEPER, etc. Stories work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month of the counseling (month of the couns	Chronic interstitial nephri	tis
10. Date deceased last worked at this occupation (month and 2 3 spans of this year)		
12. BIRTHPLACE (city or town)	Other Contributory Canses of Importance:	2
(State or country) Pleutil	Toxemia	· · · · · ·
13. NAME TRANSPORTED		
13. NAME ROMAN SCARGE (Gity of town)	Name of operation	
(State or country)	What test confirmed diagnosis? Was there an autopsy	
15. MAIDEN NAME Chice Roperts 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 1	9
State or country)	Where did injury occur?	
17. INFORMANT Mis. Edith M. Well.	(Specify city or town, county and State) Specify whether Injury occurred in iNDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) 6 & Beechwood ave Calonanie	l.e.	
18. BURIAL, CREMATION OR REMOVAL PLUS May 19 , 2 3	Manner of injury	
Plece Sty Xully Cuy. Date / / ay / 7, 19.3	Nature of Injury	
19. UNDERTAKER Easton Sous (Address) Elliott City	24. Was diseese or Injury In any way related to occupation of deceased?	
100 5/100 Tark	(Signed) / Herry O Millerry	_M. D
20. FILED Registrar.	(Address) 400 NP ayon	L
If more blanks are notate, address nate Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

T RECORD, Every item of infor-Y. PHYSICKINS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANE

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY,

V. S. No. 1

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
:	L PLACE OF DEATH	U483	9
	County Baltimore	Registration Dist. No.	
	Village or City Dundalk	No. 23 Leewsy. St., death occurred in a horpital or institution, give its NAME instead of street and n	Ward
	Length of residence in city or town where death occurred Lifesmos.	death occurred in a norphial of institution, give its IVAIVIE, instead of street and n	umber) s,ds.
:	2. FULL NAME ROLAND LOUIS MERRITT.		
	(a) Residence: No. 23 Leeway (Usual place of abode)	St., Ward. If nonresident give city or town and	Stale
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
N	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single If married, widowed, or divorced	21. DATE OF DEATH May (Month) (Day)	193 33. • (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended of	leceased from
_	DATE OF BIRTH (month, day, and year) July 7 1932.	I last saw h. M. alive on May 14 1929	; death is said
7.	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 1. 45 Pm. M. The PRINCIPAL CAUSE OF DEATH and rolated causes of Importance	
	O 11 7 or min.	were as follows:	Date of onset
ON	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None	Cellultin letter	5-10-33
PAT	9. Industry or business in which		J. 199.
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)		
12.	BIRTHPLACE (city or town) Balto. County (State or country) Md.	acute Other Media (Bilateral)	7
ER	13. NAME Russell C. Merritt.	- Maria Carmona	72.13.3
FATHER	14. BIRTHPLACE (city or town) Balto. (State or country) Md/	Name of operation Dete of What test confirmed diagnosis? Was there an a	
ER	15. MAIDEN NAME Anna M. Pfisterer (Mother)	23. Il death was due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) Balto. (State or country) Md.	Accident, suicide, or homicide? Date of injury	
17.	INFORMANT Russell C. Merritt (Father) (Address) 23 Leeway Dundalk, Md.	(Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR REMOVAL Place Oale Lawn ben Date May 1.7 , 19 33.	Manner of injury	
19	UNDERTAKER Lilly & Seille St. (Address) 403 S.J. Wolfe St.	24. Wes disease or injury in any way related to occupation of deceased?	
20,	FILED 5/16/3.39 Imloarment	(Signed)	ml. D.
	If more blanks are meded address State Parestinan	Accent Charles Court Publishers Property Clark	-

are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state T RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Baltimore	Registration Dist. No.
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
001 011	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMESUSaw 1. Cidamis My	War Road
(a) Residence: No. 36 10 10 (Usai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED; WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 26, 193 3. (Month) (Day) (Vast)
5a, If merried-widowed, or divorced-	(month) (Day) (1881)
HUSBAND of (ar) WIFE of	22. I HEREBY CERTIFY, That f attended deceased from
01 0	May 20, 1930, 10 May 26, 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h. All alive on 2.57, 19.33 death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at.
about 84 - or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca ware as follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	arema 6day
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Clar Mephritis
work wes done, as SILK MILL, SAW MILL, BANK, etc	Chr. Mepo + Eudo-garditia lug.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation 11. Total tima (years) spent in this occupation	arterios derone + Expertension don
) year)	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	Seulety
13. NAME JEWNES ME-Luade 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Neme of operation 2000 Oats of
(State of country)	What tast confirmed diagnosis? Cuical Wes there an autopsy? La
15. MAIDEN NAME MENOW	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Dale of injury, f9
S (State or country) Bleand	Where did Injury occur?
17. INFORMANT MS & & Mallangly (Address) Bodley Road	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place New Cattle de done Hay 29, 1933	Nature of injury
19. UNDERTAKER Seusy Menkins white	24. Was disease or injury in any way ralated to occupation of deceased? U.e
20. FILED May 16 7, 1933 SA Drach Du N Registrar.	(Signed) Bob Aghert M. O. (Address) 2802 Harford aux,
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
The same of the sa				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1 2 1	S	TATE C
nfor- state JPA-	1. PLACE OF DEAT	H
of i	County 120	Tun
item of should of OCC	Village or City	Tra
- 70 ·	Length of residence in cit	y or town where
Every IANS ment	2. FULL NAME	hole
RECORD. Every . PHYSICIAN. Exact statement	(a) Residence: No	Fra
PH act	PERSONAL ANI	DSTATIST
RE Ex.	3. SEX 4. COLOR	OR RACE
4 H 5	Temale //	nerg
FOR BINDIN IS A PERMANEN stated EXACTL properly classified.	5a. If married, widowed, or divor HUSBANO of (or) WIFE of	ced
EXA EXA class te.	& DATE OF BIRTH (month day	-
P. P	7. AGE Years	Months
FOR BI IS A PE stated E properly certificate.		
HIS pe pe pe of of	8. Trede, profession, or paint with dollars and selection of the selection	ER, etc.
KESERV G INK—T GE should that it may ms on back	Note: Industry or business in work was done, as SI SAW MILL, BANK, et al. 10. Oate deceased last work this occupation (mon year)	ked et
DING IN AGE so that cetions o		211
MAKGIN KE H UNFADING r supplied. AGE in terms, so that	12. BIRTHPLACE (city or town)(State or country)	Ma
MAKGIN TITH UNFADI ully supplied. plain terms, so t. See instruct	13. NAME RUL	u Il
U U sup n te	13. NAME PCLL 14. BIRTHPLACE (city or town (State or country))	NM AA
TH ly ly S.	(State of country)	IV
VI in p	15. MAIOEN NAME 2	lla
Y, Y, car car H i	[16. BIRTHPLACE (city or tov	vn)
NE pe pe mp mp	(State or country)	-1
PLAINLY, WI hould be careful OF DEATH in perent very important.	17. INFORMANT (Address)	ly u
Shou OF	18. BURIAL, CREMATION, OR BE	MOVAL
WRITE nation station Statistics	Place	usce
	19. UNOERTAKER (Address)	eston
N. B.—	1/2	133 A
× Z		If more
		11 more

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04901
1. PLACE OF DEATH	<u>3</u>
County / Dulluur	Registration Dist. No. 36
Village or City Trays	No. St., Ward
Length of residence in city or town where death occurred yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIOWED OR DIVORCED Trip the word)	21. DATE OF DEATH WAY 30 ,193 3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from may 30, 1933, to may 3, 1933
6. DATE OF BIRTH (month, day, and year) May 20 1933	I last saw h w alive on w no un, 19 ; death is said
7. AGE Years Months Odys If LESS than	to have occurred on the date stated above, at2 Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month end	Stillist
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Juliaria
SAW MILL, BANK, etc	
O lb. Oate deceased last worked et this occupation (month end year) spant in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME PCUL ALL 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
To 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Redy Recel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Ellea Cil	
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place The Date 193	Nature of Injury
19. UNOERTAKER Seiston Sons (Address) Ellinia Holl	24. Wes disease or injury in any way related to occupation of deceased?
20. FILEO 6 /3 1933 FILS - CLEAN	(Signed) Clephan Herbert M. D.
Registrar.	(Address) CLLCOS CLL
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exa	ample I	i i	Example II	
The principal cause of deat of importance were as follow Arterioselerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	Ung	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SUL	July 5,1927	Peritonitis	3 days ago
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIA

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	1	0	10	0
U	4	9	U	6

1. PLACE OF DEATH	
County Battimore	Registration Dist. No. 44
Village or City Stermers Rom	No. Babikow are. St. Ward
Length of residence in city or town where death occurred.	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME arma Etizabeth he	enmeiste
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word) Warrie	21. DATE OF DEATH May 27, 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James / V. Rennesistes	22. HEREBY CERTIFY, That I attended deceased from 1933, to May 2), 1935 I last saw here alive on Man 26, 1933; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3. A.s. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	vere as follows: Date of onset Detection of tellionile age
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this securation (month and spant in this	
12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland	Other Contributory Causes of importance: Other Contributory Causes of importance:
13. NAME GEORGE O. Hinterstein 14. BIRTHPLACE (city or town) Interview (State or country) Hommony	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME VARROUND 16. BIRTHPLACE (city or town) Varround (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?
17. INFORMANT (Address) Silver Brown Md. 18. BURIAL, CREMATION, OR REMOVAL Place St. Peters Cornetty Date May 29, 1933	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE. Manner of injury
19. UNDERTAKER Frederick Landhu Low (Addless) 7401 Believ Road	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 29, 19 33 John N. Comelly Registration	(Signed) M. D

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ROBELTY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N
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state 1. PLACE OF DEAT pluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. If of foreign birth? Length of residence in city or town where death occurred statement (a) Residence: No. RECORD, (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR/OR 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) CTL classified. 5a. If merried, widowed or diverced HUSBAND of 22. CERTIFY. Thet I attended deceased from HEREBY (or) WIFE of BINDI M 6. DATE OF BIRTII (month, day, and year, certificate, properly If LESS then 7. AGE FOR stated min. 8. Trade, profession, or particular OCCUPATION MARGIN RESERVED kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc .. may 9. Industry or business In which plnods work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed lest worked et no 11. Total time (yeers) this occupation (month and spent in this that occupation ___ instructions UNFADING Other Contributory Capper of Importence 12. BIRTHPLACE (city or town) (Stete er country) plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? carefully MOTHER important. 15. MAIDEN NAME Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (Stete or country) OF OR Menner of injury -WRITE CAUSE mation Neture of injury. LION 19. UNDERTAKER (Address) If so, specify

Date of onset 23. If death was due to externel ceuses (VIOL ENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in env way releted to occupation of Registrar. If more blanks are needed addre State Recistrar 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over: If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PLACE OF DEATH County Balto,	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Kensington (No. Be 2FULL NAME Charles E. F.	echfield avst. Ward) a hospital or Institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildows D. OR DIVORCED (Write the word)	16 DATE OF DEATH May /8 , 19 33 (Month) (Day) (Year)
6 DATE OF BIRTH Feb. 22, 1858 (Month) (Day) (Year)	17 I HERBY CERTIFY, That I attended the deceased from Macu (6,1933, to May 18, 1933) that I last saw h Malive on May 17, 19333
	and that death occurred on the data stated above, at 8-30 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Contr
(State or country) 10 NAME OF FATHER John Parks 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME (1) 4	(Signed) (Signed) (Signed) (Address) (OYY Assorted M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER CAMPUNE STATES 13 BIRTHPLACE Mary armstrong OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transiants or Recent Rasidants) At place of death yrs ds. ds. State yrs ds. Where was disease contracted,
(Informant) Belchfield ave. Kensington	Former or usual residence
15 Filed May 20 192 33 Se Meller	Margaret G. Flynn 1422 high (Rells
If more branks are needed, address Stato Registrar	, 16 W. Statoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locomolive engineer, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Ezhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; 99 Committee on Nomenclature "Hoart failure," "Haemorrhage, Chronic etc. The contributory valvular heart Always qualify al

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLA PLACE OF DEATH CERTIFICATE OF DEATH egistration Dist. No It death occurred in a hospital or institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I sttended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than TAGE 1 day,hrs. OR 7 BOCCUPATION AGE (a) Trade, profession, or particular kind at work (b) General nature of industry, pe supplied business, or establishment in UNFADING may which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed FATHER 0 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER pial BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ ds. State yrs, ____ mos. ___ ds. Where was disease contracted. 14 THE ABOVE IS It not at place of death? of DE Former or (Intermant) Item usuai residence Every Item CAUSE OF Important. OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 0 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applles to each and every person, lrrespective of age. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or glven up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-PrecIse statement of occupa Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiffied, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Mcasics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. thenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report uant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:

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state OCCUPA 1. PLACE OF DEAT plnods item of Registration Dist. No. Village pr City C No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every How long in U.S. if of foreign birth? statement RECORD. (a) Residence: No Ward. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (w) ssified 5a. If married, widowed, or divorced - HUSBAND of 22. CERTIFY. That I altended deceased from (ur) WIFE of 1 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at. stated The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER Jo SAWYER, BDDKKEEPER ... back may 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) spent in this A on this occupation (month and occupation instructions SO 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) fully MOTHER 15. MAIDEN important 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or fown (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFDRMAN pluods OF Manner of Injury S CAUSE mation Nature of Injury LION 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed) Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

(Year)

death is said

Date of onset

almost

Wes there an aulopsy? Mo-

BIND FOR MARGIN RESERVED

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II	
The principal cause of death and related causes of importance were as follows:	onset The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	45 Attack of epilepsy	1 week ago
Chronic interstitial nephritis	21 Run over by street car	1 week ago
Corebral hemorrhage	Peritonitis	3 days ago
\Quad \Quad \Quad		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1	,1923 Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RESERVED

MARGIN

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Example I	il il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		THE STORY OF THE S	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICKANS should state RECORD. Every item of inforof OCCUPA-Stated EXACTLY. PHYSIOSANS CAUSE OF DEATH-in plain terms, so that it may be properly classified. VITH UNFADING INK-THIS IS A PERMAN TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. -WRITE PLAINLY N. B.

MARGIN RESERVED FOR BINDIN

V. S. No. 1

	OF MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH			(10)
County Baltimore			Registration Dist. No. 43
Village or City_Raspebu	rg	(1	No. Kenwood Avenue St., Wat death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town w	ere death occurred		sds. Now long in U.S. if of foreign birth? 28yrsmos
2. FULL NAME Joseph	Rackl		
(a) Residence: No. Kenwo	od Ave.,	Raspebur	St., Ward. If nonresident give city or town and State
PERSONAL AND STAT	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male White	S. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word) VIAPPIED	May 1st, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Madeline	Rackl		22. HEREBY CERTIFY, That I attended deceased from the first of the second from
6. DATE OF BIRTH (month, day, and year)	May 10.	1878	I last saw h Jungliva on April 30th, 1913; death Is si
7. AGE Years Month		If LESS than	to have occurred on the date stated above, at 9:30A.m.
55 11	21	1 day,hrs.	THE RESERVE OF PLATE and related courses of importance
8 Trada profession or particular		1 0122222	Were as follows:
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	sp	time (years) ent in this supation	Othar Contributory Causes of Importance:
	many		Affina
13. NAME Unkr	own		
	many		Name of operation Date of What tast confirmed diagnosis? Was thara an au'opsy?
15. MAIDEN NAME Unkr	nown		23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Germany Germany			Accidant, suicide, or homicida? Data of injury, 19
			Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	messe ma	4 4 19 35	Manner of injury Natura of injury
19. UNDERTAKER Fuderic (Address), 7401 Be	air Road	hurka	24. Was disease of injury la any way rejated to occupation of deceased?
20. FILED 5 / 2 , 19 3 3	Da F	inty M D Registrar.	(Signed) H 900 / Silver Ann M (Address)
If	more blanks are needed	, address State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Leo Seldre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronie interstitial neph	ritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	11 .11 18 :3 1433	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

state item of infor-OCCUPA. plnods JO PHYSICIANS statement RECORD. Exact CTL classified. M certificate. may should INK on that instructions plain terms. carefully very importan DEATH should be OF -WRITE CAUSE mation LION

BINDI

FOR

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No Village or City (if death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______yrs.____mos. Length of residence in city or town where death occurred. (a) Residence: Np. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. It married, widowed, or divorced HUSBAND of 22. nded deceased trom (or) WIFE of 6. DATE OF BIRTH (month, day, and year) death is sald 7. AGE Years it LESS than Months Oays to have occurred on the date I day, hrs CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, protession, or particular kind of work.done, as SPINNER, OCCUPATIO SAWYER, BDDKKEEPER, etc._ Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Oate deceased last worked at 11. Totel time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?_. Was there en autopsy The MOTHER 15. MAIDEN NAME 23. It death was due to external causes (VIDL ENCE) fill in also the tollowing: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER 0 (Address) If so, specity 20. FILED. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER STATEMENTS	BY PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- SC61-7-MUG	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PRISICIAN						
	N					

STATE OF MARYLAND—CERTIFICATE OF DEATH

FOR BINDIN

MARGIN RESERVED

ITH UNFADING INK-THIS IS A PERMAND

B.—WRITE

RECORD. Every item of infor-

Stat	1. PLACE OF DEATH		
occup/	County Baltimore	Registration Dist. No. 30	
č	/ Village or City Caforwille	Spring Trave Hosp . St.	Nard
0	Length of residence in city or town where death occurred 2 vrs.	(If death occupied in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos	4.
CIANS	0 01.		_0s.
te n	2. FULL NAME Cora Rider	(Cora I, Rider)	0
PHYSICIANS act Statement	(a) Residence: No. // Office of abode)	e) St., Howard welle 12allo. (00
Exact	PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH	
EX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WORD DIVORCED (write)		
d.	Tenule white wido	193 3	r)
A C T I	5a. If married, widowed, or divorced George H. Rider	22. I HEREBY CERTIFY. That I attended deceased	from
	(or) WIFE of Unknown	Oct 8 1930 to May 10 19.	
E X cl	C DATE OF BIDTH (1852 Hast saw here alive on May 10, 1933; death Is	s said
ed berl fica		LESS than to have occurred on the dete stated above, at	
stated E properly certificate	8/1 . Or	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	onset
be lof of	8. Trede, profession, or particular kind of work done, as SPINNER,	k p/m	
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased lest worked at this occupation (month and the second in this property).	K Chr. Myocardite 17	7.1.
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.		
57 + O		is .	- 00 00 00 00
oplied. AGE erms, so that instructions o	yeer) 7.20 occupation	Dither Contributory Causes of importance:	
so ucti	tz. BIRTHPLACE (city or town) Bal timore (State or country)		
supplied n terms, ee instr	The state of the s	- Ohr Inter Mephritis 17	12,
# 42 "	13. NAME Chiles South of town) Philadelphia	Name of operation	
illy supplain to	(State or country)	What test confirmed diagnosis? Was there an au'opsy?	
full at.	15. MAIDEN NAME Rackel Omite	23. If death was due to external causes (VIDL ENCE) fill in also the following:	
be carefu EATH in important	16. BIRTHPLACE (city or town). Anne Arundel County		
be car	(State or country)	Where did injury occur? (Specify city or town, county and State)	
ld l DE	17. INFORMANT Mistallost	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
hould b OF DE	(Address) 18, BURIAL, CREMATION, OR REMOVAL	do	
E E	Place Loudon Park Cenetery May	A, 19 33 Nature of injury	
mation s CAUSE TION is	JA10 DISTANCE	24. Was disease or injury in any way related to occupation of deceased?	
HOH	19. UNDERTAKER (Addiess) 1003 W. Baltimore St.	If so, specify	
	51 2011	(Signed) Wolf & Garrett	M. D.
	20. FILED 199 199 199 199 199 199 199 199 199 19	Registrar. (Address) Catonsille Mi	d.
4 2 4	If more blanks are needed, addre & Su	State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU			
Other contributory causes of importance:		Other contributory causes of importance:	100000
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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PHYSI-	County
D TLY, ssifle	Village or
COR EXAC y class icate	

PLACE	OF	DEATH
County E		
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STATE OF MARYLAND CEDTICICATE OF DEATH

County	Registration Dist. No. 33
Village or City Reisterstown (No. Md. M. F.	Ceasant. Sanat St.: Ward) a hospital or institut
2 FULL NAME Mr. abraham	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wildows D. OR DIVORCED (Write the word)	16 DATE OF DEATH May 4, 1933 May (Month) 4 (Day) 1933(Year)
8 DATE OF BIRTH 7 7 , 1860 (Month) (Day) (Year)	HEREBY CERTIFY, That I attended the deceased from May 4, 1933. that I last saw h km aliva on May 4, 1923.
7 AGE 8 Or min.?	and that death occurred on the date stated above, at 9.15 P. m.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Dulmenary Tuberculoses (Duration) 23 yrs. mos ds. Contributory Secondary
(State or country) 10 NAME OF FATHER Solomon Rabinowith 11 BIRTHPLACE OF FATHER (State or country) W State or country)	(Signed) Albert 7. Shower M.D. 192 (Address) Revolution Md' *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER Esther Mendel 13 BIRTHPLACE OF MOTHER 10	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Racent Residents) At place of death yrs mos. 12 ds. In the Hayrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence 3/2 f. Penna · ave Towson Md
(Informant) (Address) 312 Pennsylvania and Isr	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 5 , 19 34
Filed May 4 1983 18 200 Slave	20 UNIDERTAKER ADDRESS RA

If mora bianks are neaded, address Stata Registrar, 18 W. Saratoga St., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise relationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on For persons who have no occupation (6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state of OCCUPA-NT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. WITH UNFADING INK-THIS IS A PERMAN FOR BINDIA TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED B.—WRITE PLAINLY

V. S. No. 1

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1. PLACE OF DEATH	CERTIFICATE OF DEATH (4913
County Baltimore	Registration Dist. No. 🗴 🗸 🗸
	N. MD. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrsmos	s,es. now long to 0.5.11 of foleigh bit(ii):yismos as
2. FULL NAME Stella Roloff	of med
(a) Residence: No. 734 S, Culley (Usual place of a) ode)	St., Ward. /3 allunou / Marg. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal Plut S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If marriad, widowed, or divorced HUSBAND of	22 HEREBY CERTIFY. That I attended deceesed fro
HUSBAND of (or) WIFE of	September 19, 19 32 10 May 19, 1933
DATE OF BIRTH (month, day, end year) November 19.1913	I last sew h. ex. elivo on May 19, 1923; death is sa
AGE Years Months Days If LESS than	to heve occurred on the dete statad abova, et 4:30 P m.
19 6 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trede profession or particular	West of menang Tuberaloses Canque
kind of work done, as SPINNER, School- gul SAWYER, BOOKKEEPER, etc.	193
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, atc	-
10 Date decessed lest warked at this occupation (ment) and 1930 spant in this occupation (ment) and 1930 spant in this occupation	
Dalting part 1	Other Contributory Causes of importance:
(State or country)	
0.0.00	Name of counties
14. BIRTHPLACE (clty or town) 1 acate	Neme of operation. What test confirmed diagnosis? X - Ruy Was there an au opsy? Max
	23. If death was due to external causes (VIOLENCE) fill in elso the following:
12000	Accident, sulcida, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
Hospital Records Personal History	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
7. INFORMAND WOOD SANATORIUM, TOWSON, MD.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place At My CosakyBate May 19. 5	Nature of injury
19. UNDERTAKER TO OZAS OKUBRI V	24. Was diseese or injury in eny way releted to occupation of daceased?
(Address) 1930) Eastern Me	If so, specify Anial Sola
20. FILED May 19, 18th I Sulta	(Signed) M. (Ardress) Eudowood Sand, Towson, Md.
Registrar. If more blanks are needed duties! State Registrar.	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
		The state of the s	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(4914
of occi	County	Registration Dist. No.
40	Village or City (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
/ 1	Length of residence in city or town where grath occurred 2 yrsmos	
Ane	2. FULL NAME John Jo. R	and
statement	(a) Residence: No. U fa Y E ST	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	m OR DIVORCED (write the word)	(Month) (Oey) (Year)
	5e. If merried, wildowed, or divorced HUSBAND of	22. Sa I HEREBY CERTLEY. That I ettended decessed from
	(or) WIFE of Many Now	May 184, 1933, to May 23, 1933
e l	6. DATE OF BIRTH (month, day, end yeer)	t last sew h elive on May 2/3, 1923; death is said
îcai	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 5
certificate	74 7 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
oj jo	8. Trade, profession, or perticular kind of work done, es SPHNNER,	Unt Tileon
- 8	kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Harric weer
back	work wes done, as SILK MILL, SAW MILL, BANK, etc.	
	O 10. Date deceased last worked at 11. Total time (years) spent in this	
	yeer) occupetion	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town)	6, 1, 1
State of	(Stete or country)	Just c Kemonhage
	13. NAME 14. BIRTHPLACE (city or town)	
	4. BIRTHPLACE (city or town)	Neme of operetion Oete of Whet test confirmed diagnosis? Www. Was there an eutopsy?
		Whet test confirmed diegnosis? Was there an eutopsy? Was there an eutopsy? Was there are eutopsy? Was there are eutopsy?
	15. MAIDEN NAME 15. BIRTHPLACE (city or town)	Accident, suicide, or homleide?
	(State or county)	Where did injury occur?
	17. INFORMANT Chealden framely	(Specify of town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
4	Nocean to for fly gate 1/25, 192)	Nature of injury
	19 UNDERTAKER Lemand / Wedays	24. Was diseese or refury by eny wey releted to occupation of deceesed?
	(Address) JOJ7 Falfant RA	If so, specify / f / M/O
	20. FILED May 23, 1933 4 Holomica Ma	(Signed) - The Manager of M.
	Registzar.	(Address) porcustores
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Mample 1	1	Daniple 11	
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	1. A. mana	25		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDIN

V. S. No. 1

PHYSICIANS should state of OCCUPA. I RECORD. Every item of infor-Exact statement stated EXACTLY. WITH UNFADING INK-THIS'S A PERMANEN properly classified. certificate. should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may AGE mation should be carefully supplied. TION is very important. N. B.—WRITE PLAINLY

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	7 4 444
1. PLACE OF DEATH		93-E) U4:	111
County Baltimore		Registration Dist. No. 30	
Length of rasidanca in city or town where d	leath occurred	No. Forest Ave. St., death occurred in a hospital or institution, give its NAME instead of street and no. ds. How long in U.S. il of foreign birth? 11fe. mos	Ward wmber) ds.
(a) Residence: No. Forest	d J. Schenkel AvemEden Terrace (Usual place of abode)	Catons vilalile If nonresident give city or town and S	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH May 1. 1933 (Day)	193(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie W. Nolen		22. HEREBY CERTIFY, That I attended d	acaasad from
6. DATE OF BIRTH (month, day, and year) No. AGE Years Months	Days I1 LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 4.50 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
8. Trada, profassion, or particular kind ol work done, as SPINNER, SAWYER, BOOKKEPER, etc	Packer of uits & vegetable 11. Total time (years) spent in this occupation	Peri Cardilis 190	6 kays
12. BIRTHPLACE (city or town) Bal (State or country)		Dther Contributory Causes of Importanca:	140-
13. NAME Conrad J 14. BIRTHPLACE (city or town) Geri (State or country)	Schenkel many	Nama of operation	
15. MAIDEN NAME Elizabeth Snyder 16. BIRTHPLACE (city or town) Germany (State or country)		23. If daath was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicida? Date o1 injury Where did injury occur?	, 19
17. INFORMANT Robert D. Schenkel (Address) greencastle Pa.		(Specify city or town, county and State Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park	мауз. 1933.	Manner ol injury	
19. UNDERTAKER ON 10. Futaw	Place Place	24. Was disaase or Injury In any way related to occupation of deceased? A	10

If more blanks fre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signad)...

20 E. Preston St

(Addrass)

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BUREAU V.S.			
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH					
1. PLACE OF DEATH	(4918) U4918				
County Dulto	Registration Dist. No. 43				
Village or City Soldly Drug	No. St., Ward				
(ii	death occurred in a hospital or institution, give its NAME instead of street and number)				
Length of residence in city or tewn where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.				
2. FULL NAME Sucht. Seyers					
(a) Residence: No. / Jaspelsung / T. U.	- St., Ward.				
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH				
OR DIVORCED (write the word)	May 13 1993				
5a. If markad, widowed, or divorcad	(Month) (Day) (Year)				
5a. If marfied, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from				
6. DATE OF BIRTH (month, day, and year) Cuy 9-1875	I last saw h				
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm.				
Muy 58. 9 5 ormin.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:				
No. Frade, profession, or particular kind of work done, as SPINNER, SAWYER ROUNKEFER ALL	A A A				
SAWYER, BOOKKEEPER, etc. ————————————————————————————————————	I'm had to heget fill				
work was done, as SILK MILL, SAW MILL, BANK, etc.					
O 10 Data deceased last worked at 11. Total tima (years)	X Maara Co Jeffer				
this occupation (month and spant in this occupation occupation					
12. BIRTHPLACE (city or town) Balto, Md	Other Contributory Causes of Importance:				
(State or country)					
I 13. NAME Jacob Kersest-					
14. BIRTHPLACE (cfty or town) Sults lift	Name of opandion				
(State or country)	What lest confirmed diagnosis? Francisco Was there an autopsy?				
15. MAIDEN NAME AND SUPERIOR OF TOWN) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:				
5 16. BIRTHPLACE (city or town) Bulks 141	Accident, suicide, or homicide?				
∑ (Stata or country)	Where did Injury occur?				
17. INFORMANT Assumetion Sensest	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.				
(Address) / 1649 Carley 6 St.	His Hame				
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury				
Place MUX MANUL Date Many 16 , 1933	Nature of injury.				
19. UNDERTAKER Lelly & Blyler	24. Was diseasa or injury in any way related to occupation of deceased?				
(Address) 403/ Wolfe	If so, specify				
20. FILED May 15, 1933 5A. 2814	(Signed) Sustant That M. D.				

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MARGIN RESERVED FOR BINDI

SIAIL	OF MARYLAND—	CERTIFICATE	OF DEATH	
1. PLACE OF DEATH County Baltimore	4	23)	Registration Dist. No.	14986
Village or City_EUDOWOODS Length of residence in city or town where	SANATORIUM, TOWSON, death occurred 3 yrs. 11 mos	MDp. death occurred in a hospital or institut How long in U.S. If of	ion, give its NAME instead of str	St.,War
2. FULL NAME May (a) Residence: No. 34320	Jann Sh	aw	Ballinou	, md
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CE	ERNFICATE OF DEA	TH
3. SEX Femal 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Y /6 (Month) (Day)	, 193 3 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	?	22. IHEREBY	<u> </u>	ttended deceased from
6. DATE OF BIRTH (month, day, end yeer) 77. AGE Years Months	arch 15, 1869 Days If LESS than	Plast saw h_LL_alive onto have occurred on the date stated	Nac.	9_33; death is sal
64 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:		Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	m Home.			1927
10. Date deceased last worked et this occupation (month and 192) 12. BIRTHPLACE (city or town) (State or country)	7. 11. Total time (yeers) spent in this 40	Other Contributory Causes of impo	rtanca:	
13. NAME Daniel B 14. BIRTHPLACE (city or town) (State or country)	unes eland.	Name of operationWhet test confirmed diagnosis?/	/ ,) -	ate of
15. MAIDEN NAME Cathen	ne Mangrion	23. If death was due to external cau	ses (VIOLENCE) fill in also the 1	ollowing:
15. MAIDEN NAME Cathery 16. BIRTHPLACE (city or town) (State or country) HOSPITAL RECORDS—PE 17. INFORMANT (Address) UDOWOOD SANAT	ersonal History ORIUM. TOWSON. MD.	Accident, suicide, or homicide? Where did Injury occur? Specify whether Injury occurred in	(Specify city or town, county	and State)
18. BURIAL, CREMATION, OR REMOVAL Place V A Curry	1 Date 5/18 1933	Manner of injury		
19. UNDERTAKER (Address)	achorer of	24. Was disease or injury in any wa	ay related to open pation of decea	sed? no
20. FILEMAY 16 1833 W. 1	Butter	(Signed)	good San Now	Ma.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		72	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 4 32	1 year .
		P. M. Landon Committee of the Committee	

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			ĭ

MARGIN RESERVED FOR BINDING

V. S. No. 1

infor- state UPA-	SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 64920
-	County Bullo	Registration Dist. No. 35
of	Village or City Police Half (16	NoSt,Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How iong in U.S. if of foreign birth?yrsds
CIANS	2. FULL NAME	
YSI	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
H .	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
A C ssift	5a. If married, widowed, or divorced HUSBANO of (or) WiFE of	22. I HEREBY CERTIFY. That i attended deceased from
stated EX properly cla certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, 4. hrs. or	I last saw h alive on 19 death is said to have occurred on the date stated above, at 19 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	(Iromating (7 mo)
S sh t it on	SAW MILL, BANK, etc Date deceased last worked at this occupation (month and year) SAW MILL, BANK, etc II. Total time (years) spent in this occupation	Other Contributory Causes of importance:
so	12. BIRTHPLACE (city or town) State or country)	
sup in te	13. NAME Junes Musey Stage 14. BIRTHPLACE (city or town) (State for country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
carefully TH'in pla	15. MAIDEN NAME Place Grace Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
E H E	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
should be carefy OF DEATH in	17. INFORMANT James M. Shufal (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
mation should be can CAUSE OF DEATT	18. BURIAL, CREMATION, OR REMOVAL Place Date Date 12, 19 5-2	Manner of injury
mation sl CAUSE (TION is	19. UNOERTAKER James School Sc	24. Was disease or injury in any way related to occupation of deceased?
	20. FILEO MY (2, 19 53 M. Poplites My 2) Registrar.	(Signed) Meller Bollers M. D. (Address) Meller Harf May
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	/EDI	Example II	
The principal cause of death and related ca of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne hills	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 23 1933			
Other contributory causes of importance: Gallstones	14.000	Other contributory causes of importance:	
Gallslones	May 1,1923	Gastroenteritis	1 year

B.—WRITE

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S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

U	A	0)	9	
U	7	J	4	4	

1. PLACE OF DEATH	CERTIFICATE OF BEATTI	
County Baltimore	Registration Dist. No.	-2-
Village or City Aulethorpe Length of residence in city or town where death occurred visiting for the months of the control of	No. 2-3 Orgon are Of death occurred in a hospital or institution, give its NAME instead of street and nos. day ds. How long in U.S. if of foreign birth? yrs. mo	Ward
	us	3
2. FULL NAME Harmah marie Smith	D 7: 1	
(a) Residence: No. 7245 Willing are (Usual place of obode)	St., Ward. Baltimore, And. If nonresident give city or town and	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Servale 4. COLOR OR RACE or Divorced (write the word)	21. DATE OF DEATH 20 (Month) (Day)	, 193 <u> </u>
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Harry L. Smith	22. I HEREBY CERTIFY, That I ettended of November 29-1930, to know 20-	
6. DATE OF BIRTH (month, dey, end yeer) Oct. 15-1868	1 lest saw her alive on many 15 - 1933	; deeth is seid
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, at 12:05 Am.	
64 7 5 1 dey,hr	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:	Date of onset
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Ocute Deletation of Heart	5-19-193
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Care water of tour	3-110-110
Do Date deceased last worked at this occupation (month and sear) occupation occupation		
110.4	Other Contributory Causes of importence:	March 1
12. BIRTHPLACE (city or town) Washington (State or country)	Quance Heart Disiner	Luklange
13. NAME Carl Schoenfelter	Hypertensión	· Vanne
Ξ	Name of operation Date of	
(Stete or country)	Whet test confirmed diagnosis? Player Carl Sugara Was there en a	ultaneuzw.
	23. If deeth was due to externel causes (VIOLENCE) fill in also the following	
<u> </u>	Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town)	Where did Injury occur?	,
17. INFORMANT Jacany Chopseins (Address) 2245 Wilking ave, Balts, h	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR BEMOVAL	Menner of injury	
Plece Level and Cote May 23/193	Neture of injury	
19. UNDERTAKER 13 Heppert + Som	24. Wes disease or injury in any way releted to occupetion of deceesed?	w
20. FILES/May 2. 1933 Tes for Lee for Registrar.	(Signed) Chester Reland, (Address) ZS 32 Edwardson an,	M. D.
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. 15 altrus	re and.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
		CSVISOSS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	IYSICIAN
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PHYSICIANS should state of OCCUPA-ECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. -WRITE PLAINLY,

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	9270 (4923
County Ball	Registration Dist. No. 33
Village or City Jungs Mills	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME (Mme) Sprinkle	
(a) Residence: No. Qurries Mills Mills (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Finale White OR DIVORCED ("wing the word)	May 2/24 1933 (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Co harlish Spaces	22 STIMEREBY CERTIFY. That I attended deceased from
miles o marches. Spinesce.	- feet 2 mg 10 many 2 lot 19 33
6. DATE OF BIRTH (month, day, and year) April 12 1874	Hast saw hoff alive on may 20th 1920 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 530 bm.
59 / 1/ I day,hrs.	
	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	My leaf insufficience
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
- I Spontin fine	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 6 and 6	
(State or country)	myocarchie
13. NAME George My	
13. NAME George Mg 14. BIRTHPLACE (city or town). Carroll Co	Name of operation Date of
(State or country)	
15. MAIDEN NAME Miss varin Smusted	
E & II	23. if death was due to external causes (VIOLENCE) fill in also the following:
[O 16. BIRTHPLACE (city or town) Dawy Co (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles Sprankle	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt Union Gard Date May 24, 1933	Nature of injury
19. UNDERTAKER 1 F & lim + Sons	24. Was disease or injury in any way related to occupation of deceased?
(Address) Quatentonia, VM	If so, specify
lu co	Marie W Lalle
20 FILED Clay 23, 1933 J. W. Slade	
Registrar.	(Address) / flalls 455 mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1 week ago 1921 Run over by street car Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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Example I			Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	100 0 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-2
County	Registration Dist. No. 4/3
	ND. 109 E. Querles One St., Ward feeth occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? 72 yrs. mos. ds.
0 0 14 1	us.
2. FULL NAME Covalue ARinks (a) Residence: No. 109, 6. Oxfulea on (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Markey Sex	21. DATE OF DEATH Moy (Monyh) (Dey) (Yeer)
Has If married, widowed, or divorced HUSBAND of Chilip Structury	22. HEREBY CERTIFY. That I attended deceased from 19/7, to May / 8, 19.3
6. DATE OF BIRTII (month, day, and year) July 7/1847	I lest sew h. L. Euflive on May 18, 19.33; death Is seid
7. AGE Years Months Deys If LESS than	to have occurred on the dete steted above, et
85 10 /6 l dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causas of Importance were es follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	myo cordity, Pulmony
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Deta deceesed lest worked et this excussion (month and the control of t	y Ordened V
10. Deta decesed lest worked et this occupetion (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Clock Foraing (Stete or country)	Other Contributory Canes of importance: Structury arthur Scolowers
13. NAME Offsukenike	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of Whet test confirmed diegnosis? Curical Wes there en eutopsy?
15. MAIDEN NAME Soplia Buy bown	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Leukusum.	Accident, suicide, or homicide?
(Address) 1096. Overlea Cue	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lizew Tries thip Dat May 21, 1933	Menner of injury
19. UNDERTAKERRALING Sonochein & Sonochein	24. Wes disease or Injury In eny way related to occupetion of deceased?
20. FILED 5/19, 183 Da Futy M. Q. Registrar.	(Signed) Howard All M. D. (Address) 2027 Wall Baffy Har

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state T RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN WITH UNFADING INK-THIS IS A PERMAN N. B.-WRITE PLAINL

V. S. No. 1

1. PLACE	OF DEATH		r WAK	YLAND—		04936
County	Balti	more			Registration Dist. No.	12
/	or CityB		re High.	(1		
2. FULL		Robert		tran		
(a) Res	sidence: No	Balti	More Hi		St., Ward. If nonresident give city or town	and State
PERS	SONAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
Male	4. color Wh	or race ite	OR DIVORCEI	RIED, WIDOWED, O (write the word) TIEC	21. DATE OF DEATH May 23,	, 193.3 (Year)
HUSBAND (or) WIFE	-31 -	Flo	rence S		22. I HEREBY CERTIFY, Thet I attend Way 1 1933, to Way	ded deceased from 23, 1933
6. DATE OF BI	RTH (month, day, a Years	Months	Days	If LESS than	to have occurred on the date stated above, at 5.30 m.	3.; daath is said
	67	0	22	1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH end related causes of Importanca were as follows:	Date of onset
12. BIRTHPLAC	ry or business in w rk was done, as SIL W MILL, BANK, etc. leceased last worke s occupation (month ir) CE (city or town)	and keay	a. occu	me (years) 544 pation 544	Dither Contributory Causes of importance: Myo carolial Tusuffuse	y Way 1
13. NAME	J	ames S	tran			
1. 1	PLACE (city or town ate or country))/	md.		Name of operation Low Dete of What test confirmed diagnosis? Clause Shawes there	
15. MAIDE	N NAME		Ha	el	23. If daath was due to external causes (VIOLENCE) fill in elso the follow	wing:
2 (St	030	rd C.	Md. Stran		Accidant, suicide, or homicida?	
	EMATION, OR REM	IDVAL	h St. Data Max	126,1933	Manner of injury	
19. UNDERTAK (Addres	//	215 X	Llenn ght st	Kieffe	24. Was disease or injury In any wey ralated to occupetion of decaasad? If so, specify (Signed) (Address) 291 b Kolling Fix	lo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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, 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927 May 1,1923	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state T RECORD. Every item of inforof OCCUPA. Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING WITH UNFADING INK-THIS IS A PERMAN TION is very important. See instructions on back of certificate. MARGIN RESERVED B.—WRITE PLAINL V. S. No. 1 ż

1. PLACE OF DEATH	- EX-E 30
County Calternote	Registration Dist. No.
	death occurred in hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Law Tence D. 6/1	wart
(a) Residence: No. 2-833 Winchoole (Usual place of abode)	Mard. 13 elto Mil If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Wate 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended decessed from the company of t
91 2/1073	I last saw he elive on 22 1935; death is se
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
	were es follows: Date of onse
8. Trede, profession, or particular kind of work done, as SPINNER, Book Keeper SAWYER, BOOKKEEPER, etc.	
	Co-1-06 0-0 31
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Par Con Con Sac
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	a ayyous
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Bulton	Other Contributory Causes of Importance:
(State or country)	arterio-Scherosio 3mea
13. NAME Sola B Steent 14. BIRTHPLACE (city or town) Belfinore (State or country)	
14. BIRTHPLACE (city or town) Belfinger	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there en eu opsy?
15. MAIDEN NAME anna Prilson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Baltunon	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) Saltman (State or country)	Where did injury occur?
Cana Ation	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
7. INFORMANT CAMES Color Core (Address) 28 3.3 CV unchaster Core	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place New Cathedral Date lay 15, 19 33	Nature of injury
9. UNDERTAKER Jarres H. Luitzle (Address) Day ond Son Ve 2	24. Was disease or injury in any way related to occupation of deceased?
10. FILED 6/944 19 \$1 XT	(Signed) Rolet E Garrett M.
	W.

STATE OF MADVI AND CEDTIFICATE OF DEATH

1010 W

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7 19 16			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	· 1 year

MARGIN RESERVED FOR BINDIN

WRITE PLAINLY,

V. S. No. 1

F. RECORD, Every item of infor-Exact statement of OCCUPAstated EXACTLY. be properly classified. WITH UNFADING INK-THIS IS A PERMANE certificate. mation should be carefully supplied. AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04928
1. PLACE OF DEATH	
County Ballimore	Registration Dist. No. 40
Village or City Notels Cliff	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
21.4	St., Ward.
(a) Residence: No. billa Maria (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) 5a. If married, widowad, or divorced	21. DATE OF DEATH May 19, 193 3 (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from Max 19, 19, 29, to May 19, 19, 33
6. DATE OF BIRTH (month, day, and year) august 3-1897	I last saw h May 2
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.50 L2_m.
35 9 16 ray,min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Palmonary Tubenuloris 1929
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and yaar) 1930 11. Total time (years) spent in this occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) Ballston Spa (State or country)	Citial Continuous Continuous Importantes.
13. NAME Daniel Sweeney	
13. NAME Saviel Sweeney 14. BIRTHPLACE (city or town) Lawrence, Mass.	Name of operation Date of
(Stata or country)	What tast confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Catherine Kavanough 16. BIRTHPLACE (city or town) Bushington, Ut.	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
17. INFORMANT Si Mary Clara	Whare did injury occur?
18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
19. UNDERTAKER PRESIDE CI, Finh (Addrass) 9/5 Dollar A. B. Collado	24. Was disease of injury in any way ralated to occupation of deceased?
20. FILED May 23, 1935 G. The flammett Registrar.	(Signad) M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis : N 3	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may N. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDIN

V. S. No. 1

	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	
1. PLACE OF			3.	(4)	9.39
County	Baltimore			Registration Dist. No.)
Village or City	Meridale,			No.610 Coleraine Road St.	Ward
Length of residen	ce in city or town where	death occurred	(Ií mosmos	death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?	number)
	E Sadie T				
	No.610 Coler		of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL	L AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4	COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	. 193 3
5a. If merried, widowed, HUSBAND of (or) WIFE of	or divorced	neyhill		22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (mo	nth, day, and year) No	v.25,1862		7	; death is said
7. AGE Years 70	Months 5	Days 21	If LESS than I day,hrs. ormin.	to have occurred on the dete stated above, at 3.30 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession kind of work SAWYER, BO	n, or particular done, as SPINNER, OKKEEPER, etc.	None		with the fecturion	Date of onset
SAW MILL, I	ne, as SILK MILL, BANK, etc	?			
Date deceased I this occupation	ast worked at on (month and	spe	ime (years) nt in this upetion		
12. BIRTHPLACE (city or (Stete or country		nore		Other Contributory Causes of importance:	of rufs 3
I3. NAME	Benjiman Sh	ort.			-
13. NAME 14. BIRTHPLACE (ci (State or cou	ty or town)	vland.		Name of operation Zeone Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME	Elizabeth	Guyton		23. If death was due to external causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME 16. BIRTHPLACE (cit (Stete or cot	ty or town)	land.		Accident, suicide, or homicide? Date of injury	
	Arthur Tatu Coleraine	n.	dale.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION				Manner of Injury	
19. UNDERTAKEN (Address) 1 53	Vernon 2 Hollins St	Kees	huer	24. Was disease or injury in eny wey related to occupation of deceased?	Ew
20, FILED 5 2-3	, 1933	Leged	Registrar.	(Signed) W O Och Combo	J &X
	If more	blanks are needed, g		2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	LS R	Y PHYSICIA.	N
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN certificate. TION is very important. See instructions on back of

V. S. No. 1

/ STATE OF MARYLAND—	CERTIFICATE OF DEATH	0.00
1. PLACE OF DEATH	(85)	930
County Baltimore	Registration Dist. No. 3	3
Village or City Ournes mills	No. Roseword State I raining School death occurred in a hospital or institution, give its NAME distance of street and n	Ward
(If Length of residence in city or town where death occurred 3 yrs 2 mos.	death occurred in a horpital or institution, give its NAME distend of street and n	umber)
1.01)	5
(a) Residence: No. 801 Powers Sel Ball	S and Ward	
(a) Residence: No. 80 / Fores SM / Salt (Usual place of abode)	Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Sury 14 (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended of	1.001.7
(or) WIFE of	may 10 1933 to may 14	1933
6. DATE OF BIRTH (month, day, end year) Lec 15, 1915	Hast saw h low alive on Duray 140 19 33	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11: a m.	
17 4 29 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular Annate Rosewood		-/ /
kind of work done, as SPINNER, State Sawyer, BookKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific property).	47	5/10/33
work was done, as Silk Mill, Mills, M	or of the	
10. Date deceased last worked at this occupation (month end spent in this	Splepticus	
year) occupation	Other Cantributery Causes of importance:	
12. BIRTHPLACE (city or town) Baltsmore, Mil (State or country)		
I 13. NAME Louis Thompson		
14. BIRTHPLACE (city or town) - Howard Co. Jul	Name of operation Date of Date of	une
(State of country)	What test confirmed diegnosis? Clinical Was there an ai	utopsy? Deo
15. MAIDEN NAME martha multinex	23. If death was due to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME Inartha multinex 16. BIRTHPLACE (city or town) - Howard Co., Ind. (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Institutional Records (Address) Roungod State Braining School	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place The plus Date May 19/1,1933	Nature of injury	
19. UNDERTAKER Walter Veyer (Address) 3 4 8 6 helius 6116	24. Was disease or injury in any wey related to occupation of deceased?	20
20. FILED 22 27/49 30 14 22 18 18 18	(Signed) George @ medaing	M. D.
Registrar,	(Address) Durings milla, h	d
76 11 1.1 2	N CI 1 C . D .: D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- Argania	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU V.	3 - 4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

MARGIN

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SURRAU Y		The state of the s		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

N. B.-

20. FILED 5- 23

	CERTIFICATE OF DEATH (4932
1. PLACE OF DEATH	(23)
County Baltimore	Registration Dist. No. 32
Village or City Mt. Wilson	Registration Dist. No. 32 Mt. Wilson Branch, Md. No. Tuberculosis Sanatorium. War f death occurred in a horpital or inslitution, give its NAME instead of street and number)
Length of residance in city or town where death occurredL_yrsL_mos	s17 ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Ada E. Walker	***************************************
(a) Residence: No. Woodlawn, Maryland (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married 6. If married, widowed, or divorced	21. DATE OF DEATH May (Month) (Day) (Year)
HUSBANO of Amos L. Walker	22. HEREBY CERTIFY, Thet Lattandad deceased from April 5th, 1932, to May 22nd, 1933
5. DATE OF BIRTH (month, day, and year) August 7th, 1896	Hest sew her elive on May 22nd, 1933; death is sei
. AGE Years Months Deys If LESS then	to have occurred on tha date steted above, et 2.30 Pam.
36 9 15 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Housewife	
kind of work dona, as SPINNER, SAWYER, BOOKKEFER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et	Pulmonary tuberculosis 1930
10. Date deceased last worked et this occupation (month and 1930 spent in this year) 11. Total time (years) spent in this occupetion 16. yr	
2. BIRTHPLACE (city or town) Franklin	Other Contributory Canses of importance:
(Stata or country) West Virginia	None
13. NAME Charles Keister	
13. NAME Charles Keister 14. BIRTHPLACE (city or town) Harrisonburg (Stata or country) Virginia	Name of operation No operation Date of Whet test confirmed diegnosis? X-ray, and Was there en eutopsy? No
15. MAIDEN NAME Isophene Lough	23. Il death was due to akternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Franklin (State or country) West Virginia	Accident, suicida, or homicide?
7. INFORMANT Louis R. Saluesholz (Address) Mt. Wilson, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL CREMATION, OR REMOVAL EIN. Dete May 23, 1933	Manner of injury
19. UNDERTAKER Yell & Son Inc. (Address) Subsessible Md.	24. Was disease or Injury Imany way releted to occupation of deceased? NO

Keristrar.

If so, specify

(Signed)

(Address)

son Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," worker, "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mpl," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as will engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------	------------	----	-----------

PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04933
1. PLACE OF DEATH	(108)
County Balts.	Registration Dist. No.
Village or City Randaletown (IF	No. Caruf feeld Sd, St., Ward death occurred in a horpitafor ignitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME Margarella U. M	Varnewetoch
(a) Residence: No. Campfield Rd.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hernal White Street, Widowed, Or Divorced (write the word)	21. DATE OF DEATH Way. 29, 193 3 (Month) (Day) (Year)
5á. If married, widowed or divorged HUSBAND of Joseph & Warnewebod	1 HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) Deele 11 1860	I last saw he s elive on May 20, 1933 /; death is seld
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 232 m.
72 18 18 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Tride, profession, or particular kind of work done, as SPINNER, WWYER, BOOKKEEPER, etc.	Fotos menona ma 23.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Date deceased last worked at this occupation (month end year)	CILL C. L. Shandad
12. BIRTHPLACE (city or town) State or country)	Other Contributory Causes of importance: There are May 26.
13. NAME Frage Hahr.	
13. NAME Jeng? Halling. 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Margt Halm	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margt Haliss 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of estating)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT COLLEGE SOLLEGE HOLLES (See es	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMETION, OR REMOVED Place 6 /- 38	Manner of injury
19. UNDERTAKER A Rolde + Son (Address) 2327 Edmondon a	24. Was disease or injury in eny way related to occupation of deceesed?
20. FILED 5/20 , 19 38 M n · Buppey Registrar.	(Signed) Pear The My D. (Address 3002 Furnson 13 my D.
Acgustus.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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N JUL - 9			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact RECORD NEN , WITH UNFADING INK-THIS IS A PER WRITE PAIN

MARGIN RESERVED FOR BINDING

V. S. No.

/ c	PLACE OF DEATH County Settings	STATE OF M CERTIFICATE	
	11/11	Registration E	Dist. No. 77
Villa	age or City Barron (No Sout	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of streat and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 S)	Male Regro SHNGER. Michord WIDOWED. Wichord (Write the word)	16 DATE OF SETTING 23 (Month) > 3 17 , I HEREBY CERTIFY, That I atte	(Day)/933(Year)
	Sept 15, 1883	that Hast can Delive on	192
7 AC	(Month) (Day) (Yesr) GE If LESS than day hrs. de. or min.	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, at 11:55 mm
pa (b	CCUPATION Trade, profession or Argeman Articular kind of work Argeman Of General nature of industry Usiness, or establishment in hich employed or (employer)	(Duration)	
-	(State or country) / mamin	Contributory Secondary (Duration)	ds
	10 NAME OF South Know	(Signed) As I m' night May 73 1933 (Address) Star	las Brown
ENTS	11 BIRTHPLACE OF FATHER (State or country) Wrginice	*State the Disease Causing Death, Violent Causea, state (1) Mesns of In Accidental, Suicidal or Homicidal.	or, In deaths from jury and (2) Whether
PAR	12 MAIDEN NAME OF MOTHER WIND KAM	18 LENGTH OF RESIDENCE (For Hospit	als, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the	eyrsmosds
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	***************************************
	(Address) 901 Bavins St.	19 PLACE OF BURIAL OR REMOVAL	May 2), 19 33

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, For persons who have no occupation (6) Automobile factory. The Laborer--Coal mine, etc. Wom-(6) material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Inanition," "Marasmus, VILLES"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping American Medical Association.) Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDI

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example-1		Example II	T 13
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis URRACTY	1921	Run over by strect car	1 week ago
Cerchral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		I GEAGE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH 04937 item of inforshould state OCCUPA-1. PLACE OF DEATH Village or City Jo PHYSICIANS REGORD. Every Length of residence in city or town where death occurred Exact statement 2. FULL NAME (a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED 4. COLOR OR RACE EXACTLY. OR DIVORCED (write the word) classified. 5a. If married, widowed, or divorced HU3BAND of FOR BINDIN (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months Days If LESS than stated or min. 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc.___ MARGIN RESERVED INK-THIS OCCUPATION be je 9. Industry or business in which work was done, as SILK MILL back may AGE should SAW MILL, BANK, etc on 10. Data deceased last worked at 17. Total time (years) this occupation (month and spent in this so that occupation ... See instructions 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER very important. 15. MAIDEN NAME DEATH 16. BIRTHPLACE (city or town (State or country) 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE TION is CAUSE 19. UNDERTAKER V. S. No. 1 (Address) Och Registrar.

	(131)	
	Registration Dist. No.	38
	No	St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of stre	eet and number)
mos.	ds. How iong in U.S.If of foreign birth?yrs	ds.
1	lson	
	St., Ward.	
	If nonresident give city or to	wn and State
	MEDICAL CERTIFICATE OF DEA	TH
	21. DATE OF DEATH	
	1/My	, 193
	(Month) (Day)	(Year)
	22 I HEREBY CERTIFY, That I at	tended decaased from
2	Tehnany ,1933, to Muz	7 , 1933
5	I last saw h And alive on May 7 ,1	9.33 ; death is sald
1	to have occurred on the date stated above, at 12200m.	
irs.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	e
_	Chr. Myrearditis	Date of onset
to	Ch Int neshorts	1937
	1000	
,	Other Contributory Causes of Importance: Auto Cardin ditelation	1933
	- www.	(7.00)
1		
1	0/106.1	te of
7/	Was the	are an autopsy?
1/4	23. If death was due to external causes (VIDLENCE) fill in also the fo	
	Accident, suicide, or homicida? Date of injury_	, 19
	Whera did injury occur? (Specify city or town, county a	
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	LIC PLACE,
52	Manner of injury	
2.	Nature of injury	
	24. Was disease or Injury In any way related to occupation of deceas	ed? 24-
	If so, specify	
	(Signed) . W. Brship	
	(Address) 501 Shendan a	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Auly 5, 1927	Peritonitis	3 days ago
	CO		
Other contributory causes of importance:	E O	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arterioselerosis 1915 1 week ago 1921 1 week ago Chronie interstitial nephritis Run over by street ear July 5,1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gallstones Gastroenteritis 1 year

 THE RESERVE OF THE PARTY OF THE	 		

A te	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
stat	1. PLACE OF DEATH	13	
ould	County Gallinose	Registration Dist. No.	
	Village or City Calmondle	No. Cast St., War	
0 1		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?	
PHYSICIANS of statement	2. FULL NAME em on Heury, you	0.00	
ate CI	(a) Residence: No. 3 6 07 (toward Tarks)	Ward.	
St ts	(Usual place of above)	If nonresident give city or town and State	
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7 .	1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waste the word)	21. DATE OF DEATH (Month) (Day) (Year)	
assified	5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Sungle	22. HEREBY CERTIFY, That I attended decessed from 19	
- ·	6. DATE OF BIRTH (month, dey, and yeer) May 15, 1917	I lest saw h alive on	
properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at	
properl	16 世 /2 Iday, min.	ware on follows:	
pe po	8. Trade, profession, or perticular kind of work done, es SPINNER.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	SAWYER, BOOKKEEPER, etc.	accedental grawing	
back	work was done, es SILK MILL, SAW MILL, BANK, etc.	I lest saw h alive on form for its sale and save, at form form for its sale and save, at form form form form form form form form	
on	10. Dete deceesed lest worked et this occupation (month end spant in this		
	yeer) occupetion	Other Contributory Causes of Importance:	
	12. BIRTHPLACE (city or town) tan talke		
met actions	E 13. NAME		
	I	Name of operation Dete of Dete	
220	14. BIRTHPLACE (city or town)	Whet test confirmed diagnosis? Wes there en autopsy?	
11.	# 15. MAIDEN NAME Bertha M. Scheller	23. If death was due to external causes (VIOL ENCE) fill in else the following.	
important.	16. BIRTHPLACE (city or town) Many land	Accident, suicide, or homicide2	
-	Stete or country)	Where did injury occur? (Specify city or town, county and State)	
	17. INFORMANT Double M. young	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
ver	(Address) 36.07 Howard Vark Cox Dall	as de 1000	
20	Place and an Dete une v., 1933	Manner of injury	
3	1 5.0 4.5	24. Was disease or injury in any way related to occupation of deceased?	
TION	19. UNDERTAKER Harry M. (Address) H. J. W. (Address) H. J. J. W. W. J. W. W. J. W. W. J. W. W. J. W. W. J. W. W. J. W. W	If so, specify	
	5/ 20 -> (900/1	(Signed) marshall B west , M.	
	20. FILED Registrar.	(Address) Calourulle Ma	
	If more blank a cheege, and respitate Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

MARGIN RESERVED FOR BINDI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I IVED		Example II	Zattanpres.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TTTT V. B.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

04940

1. PLACE OF	F DEATH			20	UXU
County	Baltimore			Registration Dict No. 32	
	ity Mt. Wils		(li O yrs 1 mos	Registration Dist. No. 3.2— Mt. Wilson Branch Md. No. Tuberculosis Sanatoriumst., f death occurred in a hospital or institution, give its NAME instead of street and r s. 20 ds. How long in U.S. if of foreign birth?	Ward
/	ME Andrew				
	ce: No. 239 S.		enue	St., Ward. Baltimore, Md. If nonresident give city or town and	State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marr	RRIED, WIDOWED, D (write the word) ied	21. DATE OF DEATH May 11th (Month) (Dey)	, 193 3
5a. If married, widow HUSBAND of (or) WIFE of		entgraf		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, end year) Se	ptember	1, 1882	I last saw h im alive on May 11th, 19 33	
7. AGE Year	rs Months	Days 10	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et8.30 P.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	
9. Industry or to work was SAW MIL	ssion, or particular york done, es SPINNER, BOOKKEEPER, etc		ckster	Tuberculous Meningitis	May 1st
this occur year)	pation (menth and 1932		time (years) Un- nt in this nown upation known	Other Contributory Causes of importance:	
(State or coun	ntry) Maryl			Pulmonary Tuberculosis	March
13. NAME L	ouis Zentgr	af			1931
14. BIRTHPLACE (State or				Name of operation No operation Dete of What test confirmed diagnosis? X-ray, and Was there an a	ullansy? No
15. MAIDEN NAM	ME Mary Kuh	1		23. Togath was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (State or		timo re		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT 📈 (Address)	ouis f fc Mt. Wilson	huerho	ly	(Specify city or town, county and Stall Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	e) NCE.
18. BURIAL, CREMATI	tern Cemeter	Leg Date My	24 15,1933	Manner of injury	
19. UNDERTAKER(Address)	Horph B.	Cook	e St.	24. Wes disease or injury in any way related to occupation of deceased?	No
20. FILED may	12,1933	11.0.	J. My R. Registrar.	(Signed) Mt. Wilson, Maryla	nd.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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